

LETTER OF INTENT



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

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LETTER OF INTENT

The Publication of Intent is to be published in The Knoxville News Sentinel which is a newspaper of general circulation in Knox County, Tennessee, on or before 08/15/2026 for one day.

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that UT Medical Center at Northshore, LLC, a/an newly formed entity owned by University Health System, Inc. with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a general acute care hospital offering a comprehensive range of inpatient and outpatient services, and the initiation of diagnostic and therapeutic cardiac catheterization services, and the initiation of radiation therapy service through the use of a linear accelerator. The hospital will be licensed for 60 inpatient beds by the Tennessee Health Facilities Commission. The address of the project will be an unaddressed site located in the Northeast quadrant of the intersection of Thunderhead Road and Boardwalk Boulevard, across the street (Thunderhead Rd.) from Northshore Elementary School, Knoxville, Knox County, Tennessee, 37922. The estimated project cost will be \$204,290,975.

The anticipated date of filing the application is 09/01/2026

The contact person for this project is Attorney Jerry Taylor who may be reached at Thompson Burton PLLC - One Franklin Park, 6100 Tower Circle, Suite 200, Franklin, Tennessee, 37067 – Contact No. 615-716-2297.

Jerry Taylor

08/14/2026

jtaylor@thompsonburton.com

Signature of Contact

Date

Contact's Email Address

The Letter of Intent must be received between the first and the fifteenth day of the month. If the last day for filing is a Saturday, Sunday, or State Holiday, filing must occur on the next business day. Applicants seeking simultaneous review must publish between the sixteenth day and the last day of the month of publication by the original applicant.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health

Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .



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PUBLICATION OF INTENT

The following shall be published in the “Legal Notices” section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that UT Medical Center at Northshore, LLC, a/an newly formed entity owned by University Health System, Inc. with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a general acute care hospital offering a comprehensive range of inpatient and outpatient services, and the initiation of diagnostic and therapeutic cardiac catheterization services, and the initiation of radiation therapy service through the use of a linear accelerator. The hospital will be licensed for 60 inpatient beds by the Tennessee Health Facilities Commission. The address of the project will be an unaddressed site located in the Northeast quadrant of the intersection of Thunderhead Road and Boardwalk Boulevard, across the street (Thunderhead Rd.) from Northshore Elementary School, Knoxville, Knox County, Tennessee, 37922. The estimated project cost will be \$204,290,975.

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CRITERIA AND **STANDARDS**

**ATTACHMENT 1NR – RESPONSES TO CRITERIA AND
STANDARDS FOR ACUTE CARE BEDS, CARDIAC CATH,
& MRT**

With Attachments

ACUTE BED NEED SERVICES

Standards and Criteria

- Determination of Need:** The following methodology should be used and the need for hospital beds should be projected four years into the future from the current year.

Using the latest utilization and patient origin data from the Joint Annual Report of Hospitals and the most current populations projection series from the Department of Health, both by county, calculate need based on the following:

* * *

(Recitation of Bed Need formula is omitted)

Response: The TDH calculates bed need for each county using the formula in these Criteria and Standards. The TDH calculated bed need projections for the planning horizon of 2026-2030, with 2024 being the base year, for the three counties which encompass the 11 zip codes constituting the PSA are as follows:

COUNTY	2024		CURRENT NEED	SERVICE AREA POPULATION			PROJECTED LIC BEDS		PROJECTED STAFF BEDS		2024 ACTUAL BEDS		SHORTAGE/SURPLUS	
	INPATIENT DAYS	ADC		2024	2026	2030	ADC-2026	NEED-2026	ADC-2030	NEED-2030	LICENSED	STAFFED	LICENSED	STAFFED
Blount	35,952	99	123	86,577	88,183	90,865	100	125	103	129	304	146	-175	-17
Knox	464,219	1,272	1,590	937,878	952,083	976,414	1,291	1,614	1,324	1,655	1,946	1,748	-291	-93
Loudon	8,432	23	34	17,104	17,667	18,505	24	35	25	37	50	30	-13	7

Although these results reflect a surplus of beds in each of the three counties, the mechanical application of this bed need formula should not be considered as accurately reflecting the need for the proposed UTMC Northshore hospital for several reasons:

- The bed need formula was developed in 2010 and has not been materially updated or revised.
- The formula includes in the existing bed count behavioral health beds and rehabilitation beds which are included under the license of a host hospital. Neither of those services are offered by the proposed UTMC Northshore hospital.
- The formula calculates bed need on a county-wide basis, whereas the PSA includes only 11 zip codes within three counties. Since the bed need calculation is not focused on either the population of the PSA, or the existing beds in the PSA, it is not an accurate indicator of need in the PSA. Applying a more comprehensive and focused planning methodology to the PSA, there is a projected need for the 60 beds at the proposed UTMC at Northshore.

A bed need analysis was performed for the applicant by Forvis Mazars, LLP, an independent member of Forvis Mazars Global Limited. The projected bed need was determined through a comprehensive market demand and utilization analysis that incorporated historical discharge data, population growth projections, patient migration patterns, and key operational assumptions. The analysis began by establishing a baseline of existing inpatient utilization within the defined service area using actual discharge volumes obtained from Tennessee state data sources including HDDS and HIDI. These utilization trends were aligned with current and projected population metrics derived from Claritas ZIP code-level population forecasts to assess future demand for inpatient services.

In addition to population growth, the projection considered historical utilization rates and discharge trends to estimate future inpatient volumes. The analysis also evaluated the competitive landscape, including relative drive times, traffic patterns, market demographics, patient migration patterns, historical market penetration, and provider alignment, to understand how these factors influence patient choice and service utilization. In-migration patterns were incorporated to account for patients who travel into the service area for care and are expected to contribute to future demand.

Building upon the baseline analysis, volume forecasting models were developed to project future inpatient utilization within the service area. These models incorporated anticipated population growth, demographic-driven healthcare use rates, and historical utilization trends. Operational assumptions, including market-based average length of stay and occupancy rate expectations derived from historical market performance, were then applied to convert projected inpatient volumes into bed need estimates. Based on this analysis, approximately 60 beds are required to accommodate the projected inpatient demand while maintaining operationally appropriate occupancy levels and ensuring sufficient capacity to meet the healthcare needs of the service area population.

The bed need analysis demonstrates there is a need for 49-88 additional beds, with 67 beds being a reasonable estimate sufficient to meet the need without significant risk of over-building. The applicant's proposal for 60 beds is a conservative number within the range of beds needed to meet the area needs while aligning with the applicant's staffing resources, physical facility requirements, and other considerations. The table below summarizes the results of the bed need analysis. This table is also attached as Attachment 1N(1)R.

UTMC Northshore Bed Need Analysis											
Based on Population, Use Rate, ALOS, Occupancy Rate, Market Share, & In-Migration											
UTMC Current Beds in Operation in PSA = 0											
	PSA Population Estimate	PSA Acute Use Rate per 1000	ALOS Acute per Admit	Acute Care PSA Days of Care	Average Daily Census	Estimated Occupancy Rate Acute	PSA Gross Acute Bed Need	Estimated Acute Mkt. Share	PSA Net Acute Bed Need	In-Migration^^ to PSA Acute Bed Need	PSA Total Net Acute Bed Need
Scenarios:											
High	301,578	69	5.24	108,404	297	60%	495	15%	74	14	88
Low	279,692	65	5.04	91,061	249	68%	367	12%	44	5	49
Reasonable Estimate	298,622	66	5.14	101,304	278	65%	427	14%	60	7	67
Source Data for Use Rate, ALOS, & Market Share: THA											
Excludes Neonatal, OB, & Psych Service Lines and Psych & Rehab Hospitals											
Baseline - Includes service area admits to all general hospitals											
^^ Estimate based on patient origin of hospitals in service area											
** Baseline Projection 2031 assumes population change only.											
Population Data : Copyright © by Environics Analytics (EA). Source: Claritas - Pop-Facts Advanced											

a. New hospital beds can be approved in excess of the “need standard for a county” if the following criteria are met:

i. All existing hospitals in the proposed service area have an occupancy level greater than or equal to 80 percent for the most recent Joint Annual Report. Occupancy should be based on the number of staffed beds for two consecutive years.

Response: The exception standard is substantially met. In 2024 the average occupancy rate of staffed beds of all hospitals in the full 3 county area which encompasses the PSA was 81%. In 2023, the staffed occupancy rate was 79%. The average of those two years is 80%. Please see Attachment 1N(2) attached immediately following these responses.

1. In order to provide adequate information for a comprehensive review, the applicant should utilize data from the Joint Annual Report to provide information on the total number of licensed and staffed beds in the proposed service area. Applicants should provide an explanation to justify any differences in staffed and licensed beds in the applicant’s facility or facilities. The agency board should take into consideration the ability of the applicant to staff existing unstaffed licensed beds prior to approving the application for additional beds.

Response: Attachment 1N(2), attached immediately following these responses, reflects the utilization data requested in this criterion.

ii. All outstanding CON projects for new acute care beds in the proposed service area are licensed.

Response: There are no unimplemented CONs for acute care beds in the PSA.

iii. The Health Services and Development Agency may give special consideration to

applications for additional acute care beds by an existing hospital that demonstrates (1) annual inpatient occupancy for the twelve (12) months preceding the application of 80 percent or greater of licensed beds and (2) that the addition of beds without a certificate of need as authorized by statute will be inadequate to reduce the projected occupancy of the hospital's acute care beds to less than 80 percent of licensed bed capacity.

Response: Not applicable. This application does not seek to add beds to an existing hospital.

b. Applicants applying for acute care beds in service area counties where there is no hospital, and thus no bed occupancy rate numbers to provide for the need formula, should provide any relevant data that supports its claim that there is a need for acute care beds in the county or counties. Data may include, for example, the number of residents of the county or counties who over the previous 24 months have accessed acute care bed services in other counties.

Data: Applicants should utilize population data from the University of Tennessee, Tennessee State Data Center, Boyd Center for Business & Economic Research (UTCEBER) for determination of need calculations. These data are made publicly available at the following link:

<http://tndata.utk.edu/sdcpopulationprojections.htm>

Response: N/A.

Department of Health Acute Care Bed Need Projections are available upon request at the following link under "Submit a Request":

<https://tn.gov/health/section/statistics>

Response: The TDH Acute Care Bed Need Projections for the PSA Counties are shown in response to Questions 1 of these Criteria and Standards.

Note: A Critical Access Hospital (CAH) that has Centers for Medicare and Medicaid Services (CMS) approval to furnish swing bed services may use any acute care bed within the CAH for the provision of swing bed services, with the following exceptions: within their IPPS-excluded rehabilitation or psychiatric distinct part unit, in an intensive care-type unit, and for newborns.

See: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SwingBedFactsheet.pdf>

Response: N/A.

2. Quality Considerations: Applicants should utilize Centers for Disease Control & Prevention's (CDC) National Healthcare Safety Network (NHSN) measures. Applicants must provide data from the most recent four quarters utilizing the baseline established by the NHSN

within the dataset.

Data Source: Hospital Compare <https://www.medicare.gov/hospitalcompare/search.html>?

Applicants should utilize the following table to demonstrate the quality of care provided at the existing facility.

Response: N/A. This application does not seek to add beds to an existing hospital.

Applicants should provide the above metrics and any improvement plans that are in place to improve the hospital's performance on these metrics.

Response: N/A. This application does not seek to add beds to an existing hospital.

In addition to the above metrics, the applicant should list, or briefly summarize, any significant quality accreditations, certifications, or recognitions that might be appropriate for Agency consideration (i.e. Joint Commission, TDH/BLHCF survey results, CMS standing, and/or clinical quality awards).

Response: N/A. This application does not seek to add beds to an existing hospital.

The above metrics should serve as a guide for the Agency to better understand the quality of care that is provided by the applicant at the existing facility. National and state averages serve as an indicator by which the board may evaluate the applicant.

Response: N/A. This application does not seek to add beds to an existing hospital.

Note: In the event quality data is unavailable for an applicant's existing facility, the applicant should provide data from a comparable, existing facility owned by the applicant. If no comparable data is available, the absence of such information should not disadvantage the applicant over another with available quality data.

Response: N/A. This application does not seek to add beds to an existing hospital.

3. Establishment of Service Area: The geographic service area shall be reasonable and based on an optimal balance between population density and service proximity of the applicant.

Response: The primary service area (PSA) for the new hospital encompasses 11 zip codes in West Knox County (37909, 37919, 37921, 37922, 37923, 37931, 37932, and 37934), Northwest Blount County (37737 and 37777), and Northeast Loudon County (37772). The PSA has the fastest population growth in the 3 counties which encompass the PSA zip codes.

The proposed new hospital will be located in zip code 37922. This is slightly southwest of the geographic center of the PSA, but except for two hospitals – Tennova Turkey Creek (the closest) and Tennova North Knoxville (the furthest) --- it is roughly equidistant from existing hospitals, as reflected in the table below:

DRIVING MILEAGE FROM HOSPITALS IN PSA COUNTIES TO UTM CN SITE*			
Hospital	County	In PSA?	Miles to Site
Parkwest Medical Center	Knox	Yes	7.9
Tennova Healthcare Turkey Creek	Knox	Yes	6.7
Ft. Loudon Medical Center	Loudon	Yes	16.6
Prisma Healthcare Blount Co.	Blount	No	14.2
Ft. Sanders Regional	Knox	No	11.5
Tennova Healthcare North Knoxville	Knox	No	22.7
University of Tennessee Medical Center	Knox	No	15.7
Source: Google Maps, 08.19.26			
*Since the UTM CN site is unaddressed, distances are measured to an address in the immediate vicinity, 1911 Mobley Way, Knoxville.			

4. Relationship to Existing Similar Services in the Area: The proposal shall discuss what similar services are available in the service area and the trends in occupancy and utilization of those services. This discussion shall include the likely impact of the proposed increase in acute care beds on existing providers in the proposed service area and shall include how the applicant's services may differ from these existing services. The agency should consider if the approval of additional beds in the service area will result in unnecessary, costly duplication of services. This is applicable to all service areas, rural and others.

Response: There are 3 general acute care hospitals in the PSA: Parkwest Medical Center (zip code 37923), Tennova Healthcare – Turkey Creek Medical Center (zip code 37934), and Ft. Loudon Medical Center (zip code 37772). There are 4 general acute care hospitals which are not within the PSA, but are located in counties which encompass one or more of the PSA zip codes. Those hospitals are Ft. Sanders Regional Medical Center (Knox County), The University of Tennessee Medical Center (Knox County) Tennova Healthcare North Knoxville Medical Center (Knox County) and Blount Memorial Hospital (Blount County).

The existing hospitals are being utilized at a robust rate. As is reflected in the tables in Attachment 1N(2), in 2024 the average occupancy rate of staffed beds of all hospitals in the full 3 county area which encompasses the PSA was 81%. In 2023, the staffed occupancy rate was 79%. The average of those two years is 80%.

This criterion appears to be primarily intended to address the addition of acute care beds

to an existing hospital. The proposal in this application is for a new hospital which will bring a full range of inpatient and outpatient services to the area. The need for the hospital is not merely based on beds being unavailable, but rather on bringing a broader range of services that will be in a location closer to the homes of many residents of the PSA. Thus, the focus should not be on what effect the new hospital may have on existing hospital bed occupancy rates, but rather on the benefits it will bring to consumers of hospital services.

The proposed increase in acute care beds will not result in unnecessary or costly duplication of services within the proposed service area. Rather, the additional beds are intended to address a defined and growing need for accessible acute care capacity in the service area, supported by projected population growth, historical utilization patterns, patient migration trends, and current access considerations.

The proposed beds are expected to serve a combination of new market demand, service area growth, patients currently leaving the service area for care, and a portion of patients who may currently receive care at UTMC. To the extent that some volume shifts from other UTMC, this represents an internal redistribution of existing UTMC demand to a more geographically accessible and appropriately located site of care, rather than a net duplication of services. This redistribution is consistent with UTMC's broader system strategy to align care delivery with patient access needs, population growth, and the evolving health care utilization patterns of the communities it serves.

The proposed services will differ from existing providers by offering a coordinated UTMC-supported acute care platform designed around access, continuity of care, physician alignment, and integration with UTMC's broader clinical network. The facility will support local access to acute inpatient services, emergency care, and selected clinical programs while maintaining connectivity to UTMC's higher-acuity resources, specialty providers, care management infrastructure, and quality oversight processes. This model is intended to provide patients with timely care closer to home while ensuring appropriate transfer, referral, and continuity pathways for services that require a higher level of specialization.

Approval of the proposed beds is not expected to materially impair existing providers in the service area. The demand analysis indicates sufficient projected utilization to support the proposed bed complement, and the proposed facility is not intended to replicate all services available at existing hospitals. Instead, it is intended to meet identified local demand, reduce access barriers, improve patient convenience, and provide an integrated care option for residents of the service area. The proposed project will also help accommodate future growth and relieve pressure on existing capacity by placing acute care resources in closer proximity to where demand is expected to occur.

Rural: Additional acute care beds should only be approved in a rural service area if the applicant can adequately demonstrate the proposed facility will not have a significant negative impact on existing rural facilities that draw patients from the proposed service area.

Response: N/A.

5. Services to High-Need and Underserved Populations: Special consideration shall be given to applicants providing services fulfilling the unique needs and requirements of certain high-need populations, including uninsured, low-income, and underserved geographic regions, as well as other underserved population groups.

Response: The proposed UTMC Northshore hospital will participate in TennCare, and anticipates contracting with all TennCare MCOs operating in the region. The PSA population is not disproportionately low income, however.

6. Relationship to Existing Applicable Plans; Underserved Area and Population: The proposal's relationship to underserved geographic areas and underserved population groups shall be a significant consideration.

Response: All or parts of Blount, Knox, and Loudon Counties are designated as Medically Underserved Areas by the HRSA. Please see Attachment 1N(3).

7. Access: The applicant must demonstrate an ability and willingness to serve equally all of the service area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is a limited access in the proposed service area.

Response: The proposed UTMC Northshore hospital will participate in TennCare, and anticipates contracting with all TennCare MCOs operating in the region. The PSA population is not disproportionately low income, however.

8. Adequate Staffing: An applicant shall document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed service area.

Response: A table reflecting the proposed Year 1 staffing is in the main application. It calls for a total of 179.3 FTE direct patient care positions.

The owner of the applicant is University Health System, Inc. ("UHS"). UHS is also the owner of The University of Tennessee Medical Center ("UTMC"). Through its ownership and operation of UTMC, UHS has demonstrated the ability to recruit, hire, train, supervise

and retain the team members necessary to support this new location. As the region's academic medical system and one of the region's largest healthcare employers, UPMC has an established human resources team, recruitment, onboarding, education and retention programs to support its workforce needs, and those of the proposed new hospital.

In this regard, UHS benefits from UPMC's affiliations with the University of Tennessee Health Science Center and the UT Knoxville nursing school as well as other educational partners such as Knox County schools and South College. These affiliations contribute to a pipeline of qualified healthcare professionals. UPMC actively recruits nursing, allied health, physician/APPs and support positions and regularly fills vacancies through established hiring processes and professional networks.

UPMC offers competitive compensation and benefits programs, professional development opportunities, continuing education resources, career advancement pathways and team member engagement initiatives that support retention. The medical center's longstanding presence and reputation as a leading healthcare provider further enhances the ability to attract and retain the workforce necessary to operate this new location. Development and retention of the workforce needed for the new hospital will benefit from the experience, expertise and reputation of UPMC.

With over 6,000 team members and extensive experience staffing complex clinical programs, UHS has the resources and expertise necessary to ensure adequate staffing.

9. Assurance of Resources: The applicant shall document that it will provide the resources necessary to properly support the applicable level of services. Included in such documentation shall be a letter of support from the applicant's governing board of directors, Chief Executive Officer, or Chief Financial Officer documenting the full commitment of the applicant to develop and maintain the facility resources, equipment, and staffing to provide the appropriate services. The applicant shall also document the financial costs of maintaining these resources and its ability to sustain them.

Response: The applicant has documented this commitment. Please see the letter from the CEO and the Chairman of the Board of UHS/UPMC, attached as Attachment 1N(4) following these responses.

10. Data Requirements: Applicants shall agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard practice, existing data reporting streams will be relied upon and adapted

over time to collect all needed information.

Response: The applicant will provide all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested.

- 11. Quality Control and Monitoring:** The applicant shall identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system.

Response: The owner of the applicant is University Health System, Inc. (“UHS”). UHS is also the owner of The University of Tennessee Medical Center (“UTMC”). UTMC maintains a comprehensive quality management program that supports data reporting, quality improvement and process monitoring across the organization. The medical center's quality infrastructure includes a dedicated quality department that works collaboratively with operational and clinical leaders to monitor performance, identify opportunities for improvement and implement best practices.

UTMC's quality program is centered on Zero Harm and Everyday Excellence, promoting a culture of safety, accountability, continuous improvement, and exceptional patient care. Key quality, safety, operational, and patient experience metrics are tracked through organizational dashboards and regularly reviewed by department leadership, executive leadership and the Board of Directors. Data is used to identify trends, measure progress toward goals and develop action plans when needed.

The proposed new hospital will implement and maintain similar best practices in this regard. Through this framework, the proposed new hospital will continuously monitor outcomes, processes, patient safety indicators and patient experience to ensure the delivery of high-quality care.

- 12. Licensure and Quality Considerations:** Any existing applicant for this CON service category shall be in compliance with the appropriate rules of the TDH. The applicant shall also demonstrate its accreditation status with the Joint Commission or other applicable accrediting agency.

Response: N/A, since the applicant is not an existing hospital. However, the proposed UTMC Northshore hospital intends to be accredited by the Joint Commission.

- 13. Community Linkage Plan:** The applicant shall describe its participation, if any, in a

community linkage plan, including its relationships with appropriate health care system providers/services and working agreements with other related community services assuring continuity of care.

Response: University Health System, Inc., the owner of the applicant, is also the owner of The University of Tennessee Medical Center (UTMC). UTMC is an academic medical center which has been serving the East Tennessee region and beyond for 70 years, having opened in 1956. During its many years of service, UTMC has established a large symbiotic network throughout the community and the region, including health care providers, businesses, governmental entities, civic and community service organizations, and more. As a sister hospital of UTMC, UT Medical Center at Northshore will likewise participate in and benefit from this community linkage network. A small sample of this network is reflected in the numerous letters of support for this project, some of which are submitted as an Attachment to this application.

CARDIAC CATHETERIZATION SERVICES

Standards and Criteria Regarding Certificate of Need Applications for All Cardiac Catheterization Services

Applicants proposing to provide any type of cardiac catheterization services must meet the following minimum standards:

1. Compliance with Standards: The Division of Health Planning is working with stakeholders to develop a framework for greater accountability to these Standards and Criteria. Applicants should indicate whether they intend to collaborate with the Division and other stakeholders on this matter.

Response: The applicant is willing to collaborate with the Division of Health Planning if requested to do so.

2. Facility Accreditation: If the applicant is not required by law to be licensed by the Department of Health, the applicant should provide documentation that the facility is fully accredited or will pursue accreditation by the Joint Commission or another appropriate accrediting authority recognized by the Centers for Medicare and Medicaid Services (CMS).

Response: The proposed new hospital will be licensed by the HFC and accredited by The Joint Commission.

3. Emergency Transfer Plan: Applicants for cardiac catheterization services located in a facility without open heart surgery capability should provide a formalized written protocol for immediate and efficient transfer of patients to a nearby open heart surgical facility (within 60 minutes) that is reviewed/tested on a regular (quarterly) basis.

Response: The proposed new hospital will have a transfer agreement with The University of Tennessee Medical Center, which provides open heart surgery and is within less than 60-minute transport time. A protocol for timely and efficient transfers will be developed in due course if the CON is approved.

4. Quality Control and Monitoring: Applicants should document a plan to monitor the quality of its cardiac catheterization program, including, but not limited to, program outcomes and efficiency. In addition, the applicant should agree to cooperate with quality enhancement efforts sponsored or endorsed by the State of Tennessee, which may be developed per Policy Recommendation 2.

Response: The proposed new hospital will have policies and procedures for monitoring the quality of all of its hospital-based services, including cardiac catheterization. It will cooperate with any applicable quality improvement program sponsored or endorsed by the State of Tennessee.

5. **Data Requirements:** Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

Response: The applicant agrees to provide the Department of Health and/or the Health Facilities Commission with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested.

6. **Clinical and Physical Environment Guidelines:** Applicants should agree to document ongoing compliance with the latest clinical guidelines of the American College of Cardiology/Society for Cardiac Angiography and Interventions Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards (ACC Guidelines). As of the adoption of these Standards and Criteria, the latest version (2001) may be found online at:
<http://www.acc.org/qualityandscience/clinical/consensus/angiography/dirIndex.htm>

Response: The applicant will comply with appropriate and applicable clinical guidelines, including those of the ACC and/or other similar, recognized professional associations and which are consistent with applicable accreditation standards.

Where providers are not in compliance, they should maintain appropriate documentation stating the reasons for noncompliance and the steps the provider is taking to ensure quality. These guidelines include, but are not limited to, physical facility requirements, staffing, training, quality assurance, patient safety, screening patients for appropriate settings, and linkages with supporting emergency services.

Response: N/A.

7. **Staffing Recruitment and Retention:** The applicant should generally describe how it intends to maintain an adequate staff to operate the proposed service, including, but not limited to, any plans to partner with an existing provider for training and staff sharing.

Response: The physician staff of the Cath Lab will initially consist of general cardiologists, interventional cardiologists, and electrophysiologists affiliated with University Cardiology, an employed physician group of UHS.

8. **Definition of Need for New Services:** A need likely exists for new or additional cardiac catheterization services in a proposed service area if the average current utilization for all existing and approved providers is equal to or greater than 70% of capacity (i.e., 70% of 2000 cases) for the proposed service area.

Response: This need benchmark is met. The 6 existing cardiac cath programs in the PSA Counties 2,111 weighted cath lab procedures in 2024, the most recent for which JAR data is available. See Attachment 1N(5) for detailed utilization data. The 3-year average

utilization of the cath labs in the PSA Counties (2022-2024) was 1,968, far in excess of the need benchmark.

Inexplicably, the HDDS data shows far lower utilization. According to that data set, the 3-year average utilization was 824 weighted procedure per lab. The applicant submits the HDDS data is incorrect and not reliable, and that the JAR data is accurate and reliable.

The JAR data is directly reported by the hospitals, and we know the data is properly weighted according to the formula in the Criteria and Standards. We do not know whether that is the case with the HDDS data. Furthermore, the HDDS data is apparently pulled from claims data, and we don't know which codes were included or not included in the HDDS counts. Taking claims data and converting it to utilization data is obviously less accurate than taking direct treatment counts as the utilization data, which is how the JAR utilization is derived.

The applicant knows first-hand that the UTMC the cath lab utilization according to the HDDS data is incorrect and far too low. The HDDS data reports the 3-year average at UTMC is 717 procedures per lab. The UTMC cath lab 3-year average utilization as correctly reported in the JARs is actually 3,153 procedures.

The applicant submits the Commission should accept the JAR data as being accurate, and the more reliable data source.

9. Proposed Service Areas with No Existing Service: In proposed service areas where no existing cardiac catheterization service exists, the applicant must show the data and methodology used to estimate the need and demand for the service. Projected need and demand will be measured for applicants proposing to provide services to residents of those areas as follows:

Need. The projected need for a service will be demonstrated through need-based epidemiological evidence of the incidence and prevalence of conditions for which diagnostic and/or therapeutic catheterization is appropriate within the proposed service area.

Demand. The projected demand for the service shall be determined by the following formula:

- A. Multiply the age group-specific historical state utilization rate by the number of residents in each age category for each county included in the proposed service area to produce the projected demand for each age category;
- B. Add each age group's projected demand to determine the total projected demand for cardiac catheterization procedures for the entire proposed service area.

Response: N/A.

10. Access: In light of Rule 0720-4-.01 (1), which lists the factors concerning need on which an application may be evaluated, the HSDA may decide to give special consideration

to an applicant:

- a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Services Administration;

Response: All or parts of Blount, Knox, and Loudon Counties are designated as Medically Underserved Areas by the HRSA. Please see Attachment 1N(3).

- b. Who documents that the service area population experiences a prevalence, incidence and/or mortality from heart and cardiovascular diseases or other clinical conditions applicable to cardiac catheterization services that is substantially higher than the State of Tennessee average;

Response: N/A.

- c. Who is a "safety net hospital" as defined by the Bureau of TennCare Essential Access Hospital payment program; or

Response: N/A. This application is for a new hospital.

- d. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program.

Response: The applicant commits to participate in TennCare and intends to contract with all TennCare MCOs operating in the region.

Specific Standards and Criteria for the Provision of Therapeutic Cardiac Catheterization Services

Applicants proposing to provide therapeutic cardiac catheterization services must meet the following minimum standards:

14. **Minimum Volume Standard:** Such applicants should demonstrate that the proposed service utilization will be a minimum of 400 diagnostic and/or therapeutic cardiac catheterization cases per year by its third year of operation. At least 75 of these cases per year should include a therapeutic cardiac catheterization procedure. Annual volume shall be measured based upon a two-year average which shall begin at the conclusion of the applicant's first year of operation. Only cases including diagnostic and therapeutic cardiac catheterization procedures as defined by these Standards and Criteria shall count towards meeting this minimum volume standard.

Response: UTM CN will have 2 cath labs. The applicant projects the performance of 1500 cath lab procedures in Year 1. The cath labs volume by procedure type and category of service is as follows:

Procedure	Category	Year 1 Volume (Cases)	Cases per Lab
Ablations	EP	500	250
Pacemakers	EP	200	100
Defibrillators	EP	100	50
Diagnostic Caths	Diagnostic	500	250
PCIs	Interventional	200	100
Totals		1500	750

The required minimum of 400 diagnostic and therapeutic cardiac cath cases is exceeded in that the applicant projects 700 such cases. More than 75 of these (200) are therapeutic (interventional) cath cases.

15. Open Heart Surgery Availability: Acute care facilities proposing to offer adult therapeutic cardiac catheterization services shall not be required to maintain an on-site open heart surgery program. Applicants without on-site open heart surgery should follow the most recent American College of Cardiology/American Heart Association/Society for Cardiac Angiography and Interventions Practice Guideline Update for Percutaneous Coronary Intervention (ACC/AHA/SCAI Guidelines). As of the adoption of these Standards and Criteria, the latest version of this document (2007) may be found online at: <http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.107.185159>

Response: UTMCM will not have open heart surgery services, but it will have a transfer agreement with UTMCM, which does have open heart surgery. The applicant will comply with appropriate and applicable clinical guidelines, including those of the ACC and/or other similar recognized professional association, which are consistent with applicable accreditation standards. A copy of the Transfer Agreement is attached as Attachment 1N(6).

Therapeutic procedures should not be performed in freestanding cardiac catheterization laboratories, whether fixed or mobile. Mobile units may, however, perform therapeutic procedures provided the mobile unit is located on a hospital campus and the hospital has on-site open heart surgery. In addition, hospitals approved to perform therapeutic cardiac catheterizations without on-site open heart surgery backup may temporarily perform these procedures in a mobile laboratory on the hospital's campus during construction impacting the fixed laboratories.

Response: N/A.

16. Minimum Physician Requirements to Initiate a New Service: The initiation of a new therapeutic cardiac catheterization program should require at least two cardiologists with at least one cardiologist having performed an average of 75 therapeutic procedures over the most recent five year period. All participating

cardiologists in the proposed program should be board certified or board eligible in cardiology and any relevant cardiac subspecialties.

Response: The UTM CN Cath Lab will initially be staffed by qualified general cardiologists, interventional cardiologists, and electrophysiologists affiliated with University Cardiology. It is anticipated that at least ten (10) such physicians will perform procedures in the Cath Lab during Year 1. Each of these physicians is board certified in the appropriate subspecialty, and each has performed at least seventy-five (75) therapeutic procedures annually over the past five years.

17. **Staff and Service Availability:** Ideally, therapeutic services should be available on an emergency basis 24 hours per day, 7 days per week through a staff call schedule (24/7 emergency coverage). In addition, all laboratory staff should be available within 30 minutes of the activation of the laboratory. If the applicant will not be able to immediately provide 24/7 emergency coverage, the applicant should present a plan for reaching 24/7 emergency coverage within three years of initiating the service or present a signed transfer agreement with another facility capable of treating transferred patients in a cardiac catheterization laboratory on a 24/7 basis within 90 minutes of the patient's arrival at the originating emergency department.

Response: UTM CN will not initially have 24/7 emergency coverage of its cath lab. UTM CN will have a transfer agreement with The University of Tennessee Medical Center. UTM CN is in a location, and has sufficient resources, such that the 90-minute requirements will be met. The Transfer Agreement specifies that both parties will strive towards meeting this goal in every case and expects to do so. A copy of the signed Transfer Agreement is attached as Attachment 1N(6). The provision relating to cardiac cath patient transfers is in section 6.0 of the Transfer Agreement.

18. **Expansion of Services to Include Therapeutic Cardiac Catheterization:** An applicant proposing the establishment of therapeutic cardiac catheterization services, who is already an existing provider of diagnostic catheterization services, should demonstrate that its diagnostic cardiac catheterization unit has been utilized for an average minimum of 300 cases per year for the two most recent years as reflected in the data supplied to and/or verified by the Department of Health.

Response: N/A.

Megavoltage Radiation Therapy Services

Standards and Criteria

1. Determination of Need: The following table outlines the utilization standards that should be used to determine need in the proposed service area.

a. These utilization standards were developed based on the following assumptions related to operating time:

- i. 8 hours per day,
- ii. 5 treatment days per week,
- iii. 52 weeks per year, and
- iv. 95% average up-time.

Type of Linear Accelerator	Estimated Patients Per Day	Capacity		
		Minimum (40%)	Optimal (80%)	Maximum (100%)
Non-IMRT, Non-IGRT	32	3162	6323	7904
IMRT only without OBI	32	3162	6323	7904
IMRT with OBI	38	3754	7509	9386
SRS only	14	1383	2766	3458
SBRT only	16	1581	3162	3952
Hybrid MRTs	32	3162	6323	7904

b. Applicants should use the treatment codes provided on the HSDA website to calculate utilization.

Response: Utilization data referenced elsewhere in these responses was taken from the HFC Equipment Registry. It is assumed the proper codes were used by the various providers when reporting their utilization data to the HFC.

c. An applicant proposing a new Linear Accelerator should project a minimum of at least 3,162 MRT procedures in the first year of service in its proposed Service Area, building to a minimum of 6,323 procedures per year by the third year of service and for every year thereafter.

Response: The applicant projects the following number of MRT patients during each of the first three years. These projections exceed the minimum threshold for the first year, and are slightly below the minimum threshold for the third year.

Year 1: 4,000

Year 2: 5,500

Year 3: 6,000

- d. Applicants should utilize the publicly available Tennessee's Cancer Registry (<https://www.tn.gov/health/health-program-areas/tcr.html>) data to estimate the need within the proposed service area. These data should then be compared to the data included in the HSDA's Medical Equipment Registry for the defined market to determine the need.

To estimate the number of radiation treatment patients in its proposed service area, the applicant should multiply the number of cancer patients by 60%. A minimum of 600 cancer patients and 360 radiation patients should reside in the proposed service area. Data included in the HSDA's Medical Equipment Registry may also be used to determine the need for radiation services in the proposed service area.

Response: Applying the median cancer incidence rate for each PSA county according to the Tennessee Cancer Registry to the projected 2030 population for each PSA county there are at least 3,394 cancer patients and 2,037 radiation therapy patients in the 3 PSA Counties in 2030. Please see the table attached as Attachment 1N (7). Included in that attachment is a map showing the range of cancer patients per 100,000 population for each county according to the Tennessee Cancer Registry, which were used to calculate the median incidence rate.

One fact which makes the estimated number of MRT patients less meaningful in analyzing utilization and need is that almost all of the reported utilization data is based on the number of treatments, not patients. The number of treatments clinically necessity is specific to each patient, so there is no universally accurate way to translate the number of patients needing MRT treatment to the number of needed MRT treatments for a given population.

An important fact which makes the need for MRT treatments even greater in the PSA Counties than may otherwise be the case based on the cancer incidence rate for the PSA Counties is that there is significant in-migration to Knox County for patients receiving MRT treatments. Please see Attachment 1N(8). For example, in 2025 28,598 MRT treatments were delivered to Knox County residents, In that same year, 54,350 MRT treatments were delivered by providers in Knox County. In other words, there were almost as many treatments provided in Knox County

to non-Knox County residents (25,752) as were delivered to Knox County residents (28,598).

- e. An exception to the standard number of procedures may occur as new or improved technology and equipment or new treatment applications for Linear Accelerators develop. Any application seeking an exception to the standards and criteria must include information on the projected impact on existing services in the proposed service area. Data reported in the HSDA's Medical Equipment Registry should also be used to estimate the impact of the proposed project on existing services for the proposed service area.

Response: N/A.

2. Relationship to Existing Similar Services in the Proposed Service Area: Applicants should provide an inventory of and assess all available technologies and utilization in the service area. Additionally, the applicant should provide evidence that volumes in the proposed service area will support the introduction of new MRT services without causing existing providers to fall below the minimum thresholds outlined in the following table.

Type of Linear Accelerator	Minimum (40)%
Non-IMRT, Non-IGRT	3162
IMRT only	3162
IMRT with OBI	3754
SRS only	1383
SBRT only	1581
Hybrid MRTs	3162

- a. Applicants should use the treatment codes provided on the HSDA website to calculate utilization.

Response: Utilization was reported from the data in the HFC Equipment Registry. It is assumed the proper codes were used by the various providers when reporting their utilization data to the HFC.

- b. Applicants should utilize the data included in the HSDA's Medical Equipment Registry along with the publicly available Tennessee's Cancer Registry (<http://tn.gov/health/health-program-areas/tcr.html>) to estimate the capacity for all existing units located within the applicant's proposed service area.

Response: Please see Attachment 1N(9). The Equipment Registry shows total numbers of treatments on the Linear Accelerators in the PSA Counties, but that utilization is not broken down by type of unit used. Attachment 1N(9) shows total treatments on the units in the area. In 2025, there was a total of 61,103 treatments provided on all units in the PSA Counties. That is 88% of the Optimal Capacity, and 70% of the maximum capacity.

As also reflected on Attachment 1N(9), the 3 hybrid Linear Accelerators at UTMCM provided 19,642 treatments in 2025, which is 104% of the Optimal Capacity, and 83% of the maximum capacity.

- c. An exception to the need standards may occur as new or improved technology and equipment or new treatment applications for MRT Units develop. An applicant must demonstrate that the proposed MRT Unit offers a unique and necessary technology for the provision of health care services in the proposed service area.

Response: N/A.

- 3. Establishment of Service Area: For linear accelerators that do not perform SRT or SBRT procedures, the contiguous counties representing a reasonable area in which an applicant intends to provide MRT services. Otherwise, a service area shall be the contiguous counties representing a reasonable area in which an applicant intends to provide MRT services.

Response: The proposed service area for the MRT service is the same as for the proposed new hospital as a whole., The reasonableness of the service area is discussed elsewhere in the main CON application.

Applicants should utilize the publicly available Tennessee's Cancer Registry (<https://www.tn.gov/health/health-program-areas/tcr.html>) data to estimate the need within the proposed service area. These data should then be compared to the data included in the HSDA's Medical Equipment Registry for the defined market to determine the need.

To estimate the number of radiation treatment patients in its proposed service area, the applicant should multiply the number of cancer patients by 60%. A minimum of 600 cancer patients and 360 radiation patients should reside in the proposed service area. Data included in the HSDA's Medical Equipment Registry may also be used to determine the need for radiation services in the proposed service area.

Response: Please see Attachments 1N(7) and 1N(8) for the estimated need for MRT services, the current capacity of the Linear Accelerators in the PSA Counties, and the utilization of the Linear Accelerators in the PSA Counties. This data demonstrates the proposed new MRT service as part of the comprehensive inpatient and outpatient services to be offered at the proposed is needed and will be well utilized. UTMCM

Additionally, the applicant must demonstrate that the patient origin of the proposed site aligns with other existing cancer-related healthcare services provided within the defined service.

Response: As reflected in Attachment 1N(8) there is significant in-migration to the PSA for radiation therapy services, which increases the need for the proposed MRT service at UTMCM. Furthermore, the MRT program will be part of a comprehensive cancer

treatment program also including medical and surgical oncology services at UTMC and UTMCN.

4. Access to MRT Units

- a. An MRT unit should be located at a site that allows reasonable access for residents of the proposed service area.

Response: The site for the proposed hospital is readily and easily accessible by vehicular traffic. is in the Northshore Town Center area of Knoxville, a popular and rapidly growing business and retail area. The southern border of the site fronts Boardwalk Blvd. and is approximately 1 mile from the interchange of I-40 via Town Center Blvd. and Northshore Drive. It is easily accessible by personal motor vehicles.

The site is also accessible via the Knoxville Area Transit (KAT) public bus line. Route 16 Middlebrook/Cedar Bluff has stops at Windsor Square on Market Place Blvd. and at Market Place Blvd./Peters Road. The site should be a “short walk” from the nearest stop according to the KAT website.

- b. An applicant for any proposed new Linear Accelerator should document that the proposed location of the Linear Accelerator is within a 45-minute drive time of the majority of the proposed service area’s population.

Response: The PSA is bordered roughly on the west by Ft. Loudon Medical Center, on the North by Tennova Healthcare – North Knoxville Medical Center (this is actually several miles outside of the PSA), on the east by Ft. Sanders Regional Medical Center, and on the south by Prisma Blount County Medical Center. The driving distances to each of these landmarks is shown on the table below. The most outlying of these is Tennova Healthcare North Knoxville Medical Center. It is a 27-34 minute drive from the site, according to Google Maps.

DRIVING MILEAGE FROM HOSPITALS IN PSA COUNTIES TO UTMCN SITE*			
Hospital	County	In PSA?	Miles to Site
Parkwest Medical Center	Knox	Yes	7.9
Tennova Healthcare Turkey Creek	Knox	Yes	6.7
Ft. Loudon Medical Center	Loudon	Yes	16.6
Prisma Healthcare Blount Co.	Blount	No	14.2
Ft. Sanders Regional	Knox	No	11.5
Tennova Healthcare North Knoxville	Knox	No	22.7
University of Tennessee Medical Center	Knox	No	15.7
Source: Google Maps, 08.19.26			
*Since the UTMCN site is unaddressed, distances are measured to an address in the immediate vicinity, 1911 Mobley Way, Knoxville.			

- c. Applications that include non-Tennessee counties in their proposed service areas should provide evidence of the number of existing MRT units that service the non-Tennessee counties and the impact on MRT unit utilization in the non-Tennessee counties, including the specific location of those units located in the non-Tennessee counties, their utilization rates, and their capacity (if those data are available).

Response: N/A.

5. Economic Efficiencies: All applicants for any proposed new MRT Unit should document that lower cost technology applications have been investigated and found less advantageous in terms of accessibility, availability, continuity, cost, and quality of care.

Response: There are no such superior technologies of which the applicant is aware

6. Separate Inventories for Linear Accelerators and for other MRT Units: A separate inventory shall be maintained by the HSDA for Linear Accelerators, and, if data are available, for Linear Accelerators dedicated to SRT and/or SBRT procedures and other types of MRT Units.

Response: No response is called for.

7. Patient Safety and Quality of Care: The applicant shall provide evidence that any proposed MRT Unit is safe and effective for its proposed use.

- a. The United States Food and Drug Administration (FDA) must certify the proposed MRT Unit for clinical use.

Response: Linear Accelerator technology has been approved by the FDA for greater than 5 years.

- b. The applicant should demonstrate that the proposed MRT Units shall be housed in a physical environment that conforms to applicable federal standards, manufacturer's specifications, and licensing agencies' requirements.

Response: The applicant's team of professionals, including architect(s), general contractor(s), UHS/UTMC executive staff, medical equipment vendors, and health care consultants will ensure compliance with all applicable regulations and other standards.

- c. The applicant should demonstrate how emergencies within the MRT Unit facility will be managed in conformity with accepted medical practice.

Response: Medical emergencies will be addressed by on-site-medical personnel in conformity with accepted medical practice. The proposed new hospital will have a Transfer Agreement with UTMC which is a regional tertiary hospital with a Level I Trauma Center, if needed medical care is not within the on-site capabilities of UTMC.

- d. The applicant should establish protocols that assure that all MRT Procedures performed are medically necessary and will not unnecessarily duplicate other services.

Response: Medical necessity for all MRT treatments will be ensure by the attending physician, who is ethically obligated to not order any clinical procedure unless it is, in his or her opinion, medically necessary. As an additional level of medical necessity assurance, 3rd party payors, both private and governmental, typically conduct a medical necessity review of radiation therapy treatments.

- e. An applicant proposing to acquire any MRT Unit shall demonstrate that it meets the staffing and quality assurance requirements of the American Society of Therapeutic Radiation and Oncology (ASTRO), the American College of Radiology (ACR), the American College of Radiation Oncology (ACRO) or a similar accrediting authority such as the National Cancer Institute (NCI). Applicants should provide evidence of accreditation by ASTRO, ACR, or other similar accrediting authority either as a stand-alone facility or through that of a parent organization with oversight capabilities.

Response: The MRT program will be on of the many service lines offered by UTM CN, all of which will be accredited by the Joint Commission. Staffing and quality assurance measures will be reviewed and monitored for compliance by TJC.

- f. All applicants should seek and document emergency transfer agreements with local area hospitals, as appropriate. An applicant's arrangements with its physician medical director must specify that said physician be an active member of the subject's transfer agreement hospital medical staff.

Response: UTM CN will have a Transfer Agreement with UTM C. The UTM CN Medical Director, or equivalent medical officer with clinical oversight of the MRT program, will have privileges at both facilities.

- g. All applicants should demonstrate the ability to provide simulations and treatment planning services to support the volumes they project and any impact such services may have on volumes and treatment times.

Response: The oncologists and other clinical practitioners who will be responsible for caring for radiation therapy patients are experienced with providing all aspects of treatments, including simulations, planning, and actual radiation treatment.

- h. Applicants should provide evidence of plans for the radiation oncology physician treating patients to participate in consultative services and a multi-disciplinary cancer committee to ensure high quality treatment for the patients. Additionally, each center should have a dedicated radiation oncologist to serve as medical director with defined responsibilities overseeing quality assurance for the site.

Response: The MRT program at UTM CN will be part of a comprehensive cancer treatment program at UTM CN and UTM C, including participation in a tumor registry.

- i. Treatment planning at off-site centers should be coordinated with a multi-disciplinary cancer center.

Response: The MRT program at UTM CN will be part of a multi-disciplinary cancer center.

- 8. **Data Requirements:** Applicants shall agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

Response: The applicant agrees to do so.

- 9. **Services to High-Need and Underserved Populations:** Special consideration should be given to applicants providing services fulfilling the unique needs and requirements of certain high-need populations, including uninsured, low-income, and underserved geographic regions, as well as to other underserved population groups. This includes any applicant:
 - a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Services Administration,

Response: All or parts of Blount, Knox, and Loudon Counties are designated as Medically Underserved Areas by the HRSA. Please see Attachment 1N(3).

- b. Who is a “safety net hospital” or a “children’s hospital” as defined by the Bureau of TennCare Essential Access Hospital payment program, and/or

Response: N/A, this is an application for a new hospital

- c. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program.

Response: The applicant commits to participate in TennCare and intends to contract with all TennCare MCOs operating in the region.

10. Access: An applicant should demonstrate an ability and willingness to serve equally all of the service area in which it seeks certification.

Response: The applicant will serve all patients in need of and medically qualifying for service without regard to race, ethnicity, or socioeconomic status.

11. Adequate Staffing: An applicant shall document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed service area.

Response: A table reflecting the proposed Year 1 staffing is in the main application. It calls for a total of 179.3 FTE direct patient care positions.

The owner of the applicant is University Health System, Inc. (“UHS”). UHS is also the owner of The University of Tennessee Medical Center (“UTMC”). Through its ownership and operation of UTMC, UHS has demonstrated the ability to recruit, hire, train, supervise and retain the team members necessary to support this new location. As the region's academic medical system and one of the region’s largest healthcare employers, UTMC has an established human resources team, recruitment, onboarding, education and retention programs to support its workforce needs, and those of the proposed new hospital.

In this regard, UHS benefits from UTMC’s affiliations with the University of Tennessee Health Science Center and the UT Knoxville nursing school as well as other educational partners such as Knox County schools and South College. These affiliations contribute to a pipeline of qualified healthcare professionals. UTMC actively recruits nursing, allied health, physician/APPs and support positions and regularly fills vacancies through established hiring processes and professional networks.

UTMC offers competitive compensation and benefits programs, professional development opportunities, continuing education resources, career advancement pathways and team member engagement initiatives that support retention. The medical center's longstanding presence and reputation as a leading healthcare provider further enhances the ability to attract and retain the workforce necessary to operate this new location. Development and retention of the workforce needed for the new hospital will benefit from the experience, expertise and reputation of UTMC.

With over 6,000 team members and extensive experience staffing complex clinical programs, UHS has the resources and expertise necessary to ensure adequate staffing.

12. Assurance of Resources: The applicant shall document that it will provide the resources necessary to properly support the applicable level of services. Included in such documentation shall be a letter of support from the applicant's governing board of directors, Chief Executive Officer, or Chief Financial Officer documenting the full commitment of the applicant to develop and maintain the facility resources, equipment, and staffing to provide the appropriate services. The applicant shall also document the financial costs of maintaining these resources and its ability to sustain them.

Response: Please see the resource commitment letter from UHS attached as Attachment t 1N(4). The costs of developing the hospital are shown in the Project Cost Chart in the application. The costs of sustaining the hospital for the first two years is shown in the Projected Data Chart in the application

13. Quality Control and Monitoring: The applicant shall identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system.

Response: The owner of the applicant is University Health System, Inc. ("UHS"). UHS is also the owner of The University of Tennessee Medical Center ("UTMC"). UTMC maintains a comprehensive quality management program that supports data reporting, quality improvement and process monitoring across the organization. The medical center's quality infrastructure includes a dedicated quality department that works collaboratively with operational and clinical leaders to monitor performance, identify opportunities for improvement and implement best practices.

UTMC's quality program is centered on Zero Harm and Everyday Excellence, promoting a culture of safety, accountability, continuous improvement, and exceptional patient care. Key quality, safety, operational, and patient experience metrics are tracked through organizational dashboards and regularly reviewed by department leadership, executive leadership and the Board of Directors. Data is used to identify trends, measure progress toward goals and develop action plans when needed.

The proposed new hospital will implement and maintain similar best practices in this regard. Through this framework, the proposed new hospital will continuously monitor outcomes, processes, patient safety indicators and patient experience to ensure the delivery of high-quality care.

14. Licensure and Quality Considerations: Any existing applicant for this CON service category shall be in compliance with the appropriate rules of TDH. The applicant shall also demonstrate its accreditation status with the Joint Commission or other applicable accrediting agency.

Response: N/A, this is not an existing hospital. The proposed hospital will be licensed by the HFC and will be accredited by TJC.

UTMC Northshore Bed Need Analysis											
Based on Population, Use Rate, ALOS, Occupancy Rate, Market Share, & In-Migration											
UTMC Current Beds in Operation in PSA = 0											
	PSA Population Estimate	PSA Acute Use Rate per 1000	ALOS Acute per Admit	Acute Care PSA Days of Care	Average Daily Census	Estimated Occupancy Rate Acute	PSA Gross Acute Bed Need	Estimated Acute Mkt. Share	PSA Net Acute Bed Need	In-Migration^^ to PSA Acute Bed Need	PSA Total Net Acute Bed Need
Scenarios:											
High	301,578	69	5.24	108,404	297	60%	495	15%	74	14	88
Low	279,692	65	5.04	91,061	249	68%	367	12%	44	5	49
Reasonable Estimate	298,622	66	5.14	101,304	278	65%	427	14%	60	7	67
Source Data for Use Rate, ALOS, & Market Share: THA											
Excludes Neonatal, OB, & Psych Service Lines and Psych & Rehab Hospitals											
Baseline - Includes service area admits to all general hospitals											
^^ Estimate based on patient origin of hospitals in service area											
** Baseline Projection 2031 assumes population change only.											
Population Data : Copyright © by Environics Analytics (EA). Source: Claritas - Pop-Facts Advanced											

INPATIENT UTILIZATION OF GENERAL ACUTE CARE HOSPITALS IN PSA WITH OBSERVATION DAYS - 2024														
Hospital	County	Utilization Metric	Admissions/Discharges	Patient Days/Discharge Days	ALOS (Not including Observation Days)	Number of Observation Pts.	Observation Days	Total Occupied Bed Days	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
Prisma Health Blount Memorial Hospital	Blount	Discharges	8863	35585	4.0	3011	4204	39789	304	146	111264	53436	36%	74%
Fort Sanders Regional Medical Center	Knox	Discharges	20748	92572	4.5	3451	7943	100515	444	336	162504	122976	62%	82%
The University of Tennessee Medical Center	Knox	Admissions	33516	193245	5.8	10257	23186	216431	710	710	259860	259860	83%	83%
Parkwest Medical Center	Knox	Discharges	18210	82292	4.5	3417	9157	91449	337	307	123342	112362	74%	81%
Tennova Healthcare Turkey Creek Medical Center	Knox	Discharges	7771	32551	4.2	1335	1328	33879	131	131	47946	47946	71%	71%
Tennova Healthcare - North Knoxville	Knox	Discharges	9671	44433	4.6	2999	3852	48285	172	172	62952	62952	77%	77%
Fort Loudoun Medical Center	Loudon	Discharges	2085	8635	4.1	1186	2588	11223	50	30	18300	10980	61%	102%
Total/Average			100864	489313	4.9	25656	52258	541571	2148	1832	786168	670512	69%	81%

INPATIENT UTILIZATION OF GENERAL ACUTE CARE HOSPITALS IN PSA WITHOUT OBSERVATION DAYS - 2024											
Hospital	County	Utilization Metric	Admissions/Discharges	Patient Days/Discharge Days	ALOS (Not including Observation Days)	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
Prisma Health Blount Memorial Hospital	Blount	Discharges	8863	35585	4.0	304	146	111264	53436	32%	67%
Fort Sanders Regional Medical Center	Knox	Discharges	20748	92572	4.5	444	336	162504	122976	57%	75%
The University of Tennessee Medical Center	Knox	Admissions	33516	193245	5.8	710	710	259860	259860	74%	74%
Parkwest Medical Center	Knox	Discharges	18210	82292	4.5	337	307	123342	112362	67%	73%
Tennova Healthcare Turkey Creek Medical Center	Knox	Discharges	7771	32551	4.2	131	131	47946	47946	68%	68%
Tennova Healthcare - North Knoxville	Knox	Discharges	9671	44433	4.6	172	172	62952	62952	71%	71%
Fort Loudoun Medical Center	Loudon	Discharges	2085	8635	4.1	50	30	18300	10980	47%	79%
Total/Average			100864	489313	4.9	2148	1832	786168	670512	62%	73%

INPATIENT UTILIZATION OF GENERAL ACUTE CARE HOSPITALS IN PSA WITH OBSERVATION DAYS - 2023													
Hospital	County	Utilization Metric	Admissions/Discharges	Patient Days/Discharge Days	Number of Observation Pts.	Observation Days	Total Occupied Bed Days	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
Prisma Health Blount Memorial Hospital	Blount	Discharges	8351	34014	3264	4111	38125	304	146	110960	53290	34%	72%
Fort Sanders Regional Medical Center	Knox	Discharges	20072	90914	3271	5755	96669	444	341	162060	124465	60%	78%
The University of Tennessee Medical Center	Knox	Admissions	31699	188443	10813	21333	209776	710	710	259150	259150	81%	81%
Parkwest Medical Center	Knox	Discharges	17673	77416	3428	6746	84162	337	319	123005	116435	68%	72%
Tennova Healthcare Turkey Creek Medical Center	Knox	Discharges	7122	31370	3226	2233	33603	111	111	40515	40515	83%	83%
Tennova Healthcare - North Knoxville	Knox	Discharges	7441	35713	3179	3277	38990	116	116	42340	42340	92%	92%
Fort Loudoun Medical Center	Loudon	Discharges	2268	10126	998	1572	11698	50	30	18250	10950	64%	107%
Total/Average			94626	467996	28179	45027	513023	2072	1773	756280	647145	68%	79%

INPATIENT UTILIZATION OF GENERAL ACUTE CARE HOSPITALS IN PSA WITHOUT OBSERVATION DAYS - 2023										
Hospital	County	Utilization Metric	Admissions/Di scharges	Patient Days/ Discharge Days	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
Prisma Health Blount Memorial Hospital	Blount	Discharges	8351	34014	304	146	110960	53290	31%	64%
Fort Sanders Regional Medical Center	Knox	Discharges	20072	90914	444	341	162060	124465	56%	73%
The University of Tennessee Medical Center	Knox	Admissions	31699	188443	710	710	259150	259150	73%	73%
Parkwest Medical Center	Knox	Discharges	17673	77416	337	319	123005	116435	63%	66%
Tennova Healthcare Turkey Creek Medical Center	Knox	Discharges	7122	31370	111	111	40515	40515	77%	77%
Tennova Healthcare - North Knoxville	Knox	Discharges	7441	35713	116	116	42340	42340	84%	84%
Fort Loudoun Medical Center	Loudon	Discharges	2268	10126	50	30	18250	10950	55%	92%
Total/Average			94626	467996	2072	1773	756280	647145	62%	72%

INPATIENT UTILIZATION OF GENERAL ACUTE CARE HOSPITALS IN PSA WITH OBSERVATION DAYS - 2022													
Hospital	County	Utilization Metric	Admissions/Discharges	Patient Days/Discharge Days	Number of Observation Pts.	Observation Days	Total Occupied Bed Days	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
Prisma Health Blount Memorial Hospital	Blount	Discharges	8844	43291	2716	3211	46502	304	146	110960	53290	42%	87%
Fort Sanders Regional Medical Center	Knox	Discharges	19449	96595	2806	4877	101472	517	358	188705	130670	54%	78%
The University of Tennessee Medical Center	Knox	Admissions	30086	186337	16582	22323	208660	710	710	259150	259150	81%	81%
Parkwest Medical Center	Knox	Discharges	16383	75908	3345	6345	82253	337	293	123005	106945	67%	77%
Tennova Healthcare Turkey Creek Medical Center	Knox	Discharges	6683	31459	1431	1488	32947	111	111	40515	40515	81%	81%
Tennova Healthcare - North Knoxville	Knox	Discharges	7027	37689	661	1960	39649	116	116	42340	42340	94%	94%
Fort Loudoun Medical Center	Loudon	Discharges	2212	10309	899	1528	11837	50	30	18250	10950	65%	108%
Total/Average			90684	481588	28440	41732	523320	2145	1764	782925	643860	67%	81%

INPATIENT UTILIZATION OF GENERAL ACUTE CARE HOSPITALS IN PSA WITHOUT OBSERVATION DAYS - 2022										
Hospital	County	Utilization Metric	Admissions/D Ischarges	Patient Days/ Discharge Days	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
Prisma Health Blount Memorial Hospital	Blount	Discharges	8844	43291	304	146	110960	53290	39%	81%
Fort Sanders Regional Medical Center	Knox	Discharges	19449	96595	517	358	188705	130670	51%	74%
The University of Tennessee Medical Center	Knox	Admissions	30086	186337	710	710	259150	259150	72%	72%
Parkwest Medical Center	Knox	Discharges	16383	75908	337	293	123005	106945	62%	71%
Tennova Healthcare Turkey Creek Medical Center	Knox	Discharges	6683	31459	111	111	40515	40515	78%	78%
Tennova Healthcare - North Knoxville	Knox	Discharges	7027	37689	116	116	42340	42340	89%	89%
Fort Loudoun Medical Center	Loudon	Discharges	2212	10309	50	30	18250	10950	56%	94%
Total/Average			90684	481588	2145	1764	782925	643860	62%	75%

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1471827914	LI-Blount County	Medically Underserved Population	Tennessee	Blount County, TN	61.9	Designated	Partially Rural	04/15/2018	04/15/2018
Component State Name		Component County Name	Component Name	Component Type		Component GEOID		Component Rural Status		
Tennessee		Blount	Blount	County		47009		Partially Rural		

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	03246	Knox Service Area	Medically Underserved Area	Tennessee	Knox County, TN	53.6	Designated	Non-Rural	05/11/1982	05/04/1994
Component State Name		Component County Name	Component Name	Component Type		Component GEOID		Component Rural Status		
Tennessee		Knox	16	Census Tract		47093001600		Non-Rural		
Tennessee		Knox	17	Census Tract		47093001700		Non-Rural		
Tennessee		Knox	18	Census Tract		47093001800		Non-Rural		
Tennessee		Knox	19	Census Tract		47093001900		Non-Rural		
Tennessee		Knox	20	Census Tract		47093002000		Non-Rural		
Tennessee		Knox	21	Census Tract		47093002100		Non-Rural		
Tennessee		Knox	67	Census Tract		47093006700		Non-Rural		
Primary Care	03247	Knox Service Area	Medically Underserved Area	Tennessee	Knox County, TN	53.6	Designated	Non-Rural	05/18/1982	05/04/1994
Component State Name		Component County Name	Component Name	Component Type		Component GEOID		Component Rural Status		
Tennessee		Knox	30	Census Tract		47093003000		Non-Rural		
Tennessee		Knox	31	Census Tract		47093003100		Non-Rural		
Tennessee		Knox	32	Census Tract		47093003200		Non-Rural		
Tennessee		Knox	33	Census Tract		47093003300		Non-Rural		
Primary Care	03263	Knox Service Area	Medically Underserved Area	Tennessee	Knox County, TN	57.63	Designated	Non-Rural	05/12/1994	05/12/1994

Discipline		MUA/P ID	Service Area Name		Designation Type		Primary State Name		County	Index of Medical Underservice Score		Status	Rural Status	Designation Date	Update Date
Primary Care		1472157024	Loudon County		Medically Underserved Area		Tennessee		Loudon County, TN	56.5		Designated	Non-Rural	11/01/1978	07/06/2018
	Component State Name		Component County Name		Component Name		Component Type			Component GEOID			Component Rural Status		
	Tennessee		Loudon		Loudon		County			47105			Non-Rural		



Wisdom for Your Life.

August 12, 2026

Tennessee Health Facilities Commission
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

Dear Commissioners:

On behalf of the Board of Directors and executive leadership team of University Health System, Inc., d/b/a The University of Tennessee Medical Center (collectively "UTMC"), we are pleased to provide this letter in support of the Certificate of Need application for the UT Medical Center at Northshore project.

The Board of Directors and executive leadership fully support the development of this project and are committed to providing and maintaining facility resources, equipment, technology and staffing necessary to ensure a successful operation. The project is consistent with UTMC's mission, strategic objectives and our vision to transforming lives as an Academic Health System. The project also reflects UTMC's commitment to meeting the current and future healthcare needs of a growing region by expanding access to care and ensuring the availability of high-quality services for the region's increasing population.

UTMC has the financial resources, operational infrastructure and clinical expertise necessary to develop and sustain the proposed project. The capital and operating costs associated with the project have been evaluated through the organization's budgeting processes. UTMC has the ability and commitment to maintain the personnel, equipment, supplies, information technology, and support services required to provide safe, efficient, and high-quality patient care at the proposed location.

The proposed project will be supported by UTMC's established administration, clinical, quality, finance, facilities and information technology resources. In addition, the organization has extensive experience recruiting, training and retaining qualified team members and is committed to maintaining adequate staffing levels to meet patient needs and applicable regulatory requirements.

The Board of Directors and executive leadership affirm their full commitment to develop, equip, staff, operate, and sustain this proposed project and the resources necessary to provide the appropriate level of service.

Sincerely,

Keith D. Gray, MD, MBA, FACS
President and CEO

Renda J. Burkhardt
Chair, Board of Directors

UHS Administration

2121 Medical Center Way, Suite 200 • Knoxville, Tennessee 37920 • (865) 305-9430 Fax: (865) 305-9429 • utmedicalcenter.org

UTILIZATION OF CARDIAC CATH LABS IN THE PSA - 2024 (JAR DATA)																							
Hospital	Located in PSA?	No. Cath Labs	Diag. CC	Weight	Weighted Total - Diag. CC	Ther. CC	Weight	Weighted Total - Ther. CC	Diag. EP	Weight	Weighted Total - Diag. EP	Ther. EP	Weight	Weighted Total - Ther. EP	Diag. PV	Weight	Weighted Total - Diag. PV	Ther. PV	Weight	Weighted Total - Ther. PV	Thrombolytic Procedures	Weight	Weighted Total Thrombo.
Prisma Health Blount Memorial Hospital	No	1	1155	1	1155	701	2	1402	0	2	0	0	4	0	437	1.5	655.5	268	3	804	77	3	231
Fort Sanders Regional Medical Center	No	4	736	1	736	833	2	1666	7	2	14	432	4	1728	2	1.5	3	1	3	3	6	3	18
The University of Tennessee Medical Center	No	6	3879	1	3879	1077	2	2154	2793	2	5586	2226	4	8904	359	1.5	538.5	465	3	1395	0	3	0
Parkwest Medical Center	Yes	6	2098	1	2098	1791	2	3582	13	2	26	871	4	3484	72	1.5	108	213	3	639	0	3	0
Tennova Healthcare Turkey Creek Medical Center	Yes	5	1556	1	1556	801	2	1602	12	2	24	542	4	2168	36	1.5	54	300	3	900	3	3	9
Tennova Healthcare - North Knoxville	No	2	913	1	913	470	2	940	0	2	0	0	4	0	127	1.5	190.5	127	3	381	2	3	6
Fort Loudoun Medical Center	Yes	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3	N/A	5	3	15
Totals		24	10337	1	10337	5673	2	11346	2825	2	5650	4071	4	16284	1033	1.5	1549.5	1374	3	4122	93	3	279

UTILIZATION OF CARDIAC CATH LABS IN THE PSA - 2023 (JAR DATA)																							
Hospital	Located in PSA?	No. Cath Labs	Diag. CC	Weight	Weighted Total - Diag. CC	Ther. CC	Weight	Weighted Total - Ther. CC	Diag. EP	Weight	Weighted Total - Diag. EP	Ther. EP	Weight	Weighted Total - Ther. EP	Diag. PV	Weight	Weighted Total - Diag. PV	Ther. PV	Weight	Weight Total - Ther. PV	Thrombolytic Procedures	Weight	Weighted Total Thrombo.
Prisma Health Blount Memorial Hospital	No	1	1267	1	1267	528	2	1056	0	2	0	0	4	0	274	1.5	411	261	3	783	11	3	33
Fort Sanders Regional Medical Center	No	4	817	1	817	790	2	1580	11	2	22	393	4	1572	235	1.5	352.5	477	3	1431	11	3	33
The University of Tennessee Medical Center	No	6	3461	1	3461	1240	2	2480	2244	2	4488	1983	4	7932	7	1.5	10.5	3	3	9	0	3	0
Parkwest Medical Center	Yes	6	2096	1	2096	1669	2	3338	5	2	10	844	4	3376	65	1.5	97.5	207	3	621	3	3	9
Tennova Healthcare Turkey Creek Medical Center	Yes	5	2434	1	2434	825	2	1650	191	2	382	357	4	1428	32	1.5	48	86	3	258	0	3	0
Tennova Healthcare - North Knoxville	No	2	1111	1	1111	476	2	952	147	2	294	0	4	0	0	1.5	0	68	3	204	0	3	0
Fort Loudoun Medical Center	Yes	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3	N/A	0	3	0
Totals		24	11186	1	11186	5528	2	11056	2598	2	5196	3577	4	14308	613	1.5	919.5	1102	3	3306	25	3	75

UTILIZATION OF CARDIAC CATH LABS IN THE PSA - 2022 (JAR DATA)																							
Hospital	Located in PSA?	No. Cath Labs	Diag. CC	Weight	Weighted Total- Diag. CC	Ther. CC	Weight	Weighted Total - Ther. CC	Diag. EP	Weight	Weighted Total- Diag. EP	Ther. EP	Weight	Weighted Total - Ther. EP	Diag. PV	Weight	Weighted Total - Diag. PV	Ther. PV	Weight	Weight Total - Ther. PV	Thrombolytic Procedures	Weight	Weighted Total Thrombo.
Prisma Health Blount Memorial Hospital	No	1	900	1	900	465	2	930	0	2	0	0	4	0	282	1.5	423	0	3	0	44	3	132
Fort Sanders Regional Medical Center	No	4	921	1	921	971	2	1942	20	2	40	527	4	2108	465	1.5	697.5	467	3	1401	17	3	51
The University of Tennessee Medical Center	No	6	3161	1	3161	966	2	1932	1983	2	3966	1591	4	6364	0	1.5	0	6	3	18	0	3	0
Parkwest Medical Center	Yes	6	2152	1	2152	1433	2	2866	8	2	16	769	4	3076	107	1.5	160.5	310	3	930	8	3	24
Tennova Healthcare Turkey Creek Medical Center	Yes	5	2088	1	2088	1044	2	2088	191	2	382	372	4	1488	59	1.5	88.5	97	3	291	0	3	0
Tennova Healthcare - North Knoxville	No	2	922	1	922	502	2	1004	160	2	320	0	4	0	17	1.5	25.5	86	3	258	0	3	0
Fort Loudoun Medical Center	Yes	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3	N/A	0	3	0
Totals		24	10144	1	10144	5381	2	10762	2362	2	4724	3259	4	13036	930	1.5	1395	966	3	2898	69	3	207

UTILIZATION OF CARDIAC CATH LABS IN THE PSA - 3-YEAR AVERAGES 2022-2024 (JAR DATA)																							
Hospital	Located in PSA?	No. Cath Labs	Diag. CC	Weight	Weighted Total- Diag. CC	Ther. CC	Weight	Weighted Total - Ther. CC	Diag. EP	Weight	Weighted Total- Diag. EP	Ther. EP	Weight	Weighted Total - Ther. EP	Diag. PV	Weight	Weighted Total - Diag. PV	Ther. PV	Weight	Weight Total - Ther. PV	Thrombolytic Procedures	Weight	Weighted Total Thrombo.
Prisma Health Blount Memorial Hospital	No	1	1107.3	1	1107.3	564.7	2	1129.3	0.0	2	0.0	0	4	0	331	1.5	496.5	176.3	3	529.0	44.0	3	132.0
Fort Sanders Regional Medical Center	No	4	824.7	1	824.7	864.7	2	1729.3	12.7	2	25.3	450.7	4	1802.7	234.0	1.5	351	315.0	3	945.0	11.3	3	34.0
The University of Tennessee Medical Center	No	6	3500.3	1	3500.3	1094.3	2	2188.7	2340.0	2	4680.0	1933.3	4	7733.3	122.0	1.5	183	158.0	3	474.0	0.0	3	0.0
Parkwest Medical Center	Yes	6	2115.3	1	2115.3	1631.0	2	3262.0	8.7	2	17.3	828.0	4	3312.0	81.3	1.5	122	243.3	3	730.0	3.7	3	11.0
Tennova Healthcare Turkey Creek Medical Center	Yes	5	2026.0	1	2026.0	890.0	2	1780.0	131.3	2	262.7	423.7	4	1694.7	42.3	1.5	63.5	161.0	3	483.0	1.0	3	3.0
Tennova Healthcare - North Knoxville	No	2	982.0	1	982.0	482.7	2	965.3	102.3	2	204.7	0.0	4	0.0	48.0	1.5	72	93.7	3	281.0	0.7	3	2.0
Fort Loudoun Medical Center	Yes	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3	N/A	1.7	3	5.0
Totals		24	10555.7	1	10555.7	5527.3	2	11054.7	2595.0	2	5190.0	3635.7	4	14542.7	858.7	1.5	1288	1147.3	3	3442.0	62.3	3.0	187.0

Weighted Total Cath. Lab Procedures	Weighted Total Procedures Per Lab	Need Benchmark	Is Benchmark Met?
4247.5	4247.5	1400	Yes
4168	1042.0	1400	No
22456.5	3742.8	1400	Yes
9937	1656.2	1400	Yes
6313	1262.6	1400	No
2430.5	1215.3	1400	No
15	N/A	N/A	N/A
49567.5	2065.3	1400	Yes

Weighted Total Cath. Lab Procedures	Weighted Total Procedures Per Lab	Need Benchmark	Is Benchmark Met?
3,550.0	3,550.0	1400	Yes
5,807.5	1,451.9	1400	Yes
18,380.5	3,063.4	1400	Yes
9,547.5	1,591.3	1400	Yes
6,200.0	1,240.0	1400	No
2,561.0	1,280.5	1400	No
0.0	N/A	N/A	N/A
46,046.5	1,918.6	1400	Yes

Weighted Total Cath. Lab Procedures	Weighted Total Procedures Per Lab	Need Benchmark	Is Benchmark Met?
2,385.0	2,385.0	1400	Yes
7,160.5	1,790.1	1400	Yes
15,441.0	2,573.5	1400	Yes
9,224.5	1,537.4	1400	Yes
6,425.5	1,285.1	1400	No
2,529.5	1,264.8	1400	No
0.0	N/A	N/A	N/A
43,166.0	1,798.6	1400	Yes

Weighted Total Cath. Lab Procedures	Weighted Total Procedures Per Lab	Need Benchmark	Is Benchmark Met?
3394.2	3394.2	1400	Yes
5712.0	1428.0	1400	Yes
18759.3	3126.6	1400	Yes
9569.7	1594.9	1400	Yes
6312.8	1262.6	1400	No
2507.0	1253.5	1400	No
N/A	N/A	N/A	N/A
46260.0	1927.5	1400	Yes

UTILIZATION OF CARDIAC CATH LABS IN THE PSA COUNTIES- WEIGHTED AVERAGES - 2022-2024 (HDDS DATA)												
Hospital	Located in PSA?	No. Cath Labs	Avg. Weighted Total - Diag. CC	Avg. Weighted Total - Ther. CC	Avg. Weighted Total - Diag. EP	Avg. Weighted Total - Ther. EP	Avg. Weighted Total - PV	Avg. Weighted Total - Ther. PV	Avg.- Weighted Total Cath. Lab Procedures	Avg. Weighted Total Procedures Per Lab	Need Benchmark	Is Benchmark Met?
Prisma Health Blount Memorial Hospital	No	1	1080.3	70.7	7.3	37.3	0	25	1,220.6	1220.6	1400	No
Fort Sanders Regional Medical Center	No	4	1254	158.7	88	465.3	0	189	2,155.0	538.8	1400	No
The University of Tennessee Medical Center	No	6	2771.7	337.3	169.3	377.3	0	661	4,316.6	719.4	1400	No
Parkwest Medical Center	Yes	6	3026.7	1044	60.7	1053.3	0	407	5,591.7	932.0	1400	No
Tennova Healthcare Turkey Creek Medical Center	Yes	5	2361.7	538	73.3	1432	0	292	4,697.0	939.4	1400	No
Tennova Healthcare - North Knoxville	No	2	1279	366.7	1.3	94.7	0	61	1,802.7	901.4	1400	No
Fort Loudoun Medical Center	Yes	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Totals		24	11773.4	2515.4	399.9	3459.9	0	1635	19,783.6	824.3	1400	No

Source: Tennessee Dept. of Health, Division of Population Health Assessment
Hospital Discharge Data Suysem, 2022-2024

Cardiac Cath - Prisma Health - Blount Memorial Hospital (ID: 0520)
Highest Weighted* Cardiac Cath Services Provided - Hospital Discharge Recorded Data - 2022-24

Diagnostic Cardiac Caths				
Age Group	Diagnostic Total	Service Categories		
		CC	PV	EP
ALL	1,087.7	1,080.3	0.0	7.3
0 - 17	0.0	0.0	0.0	0.0
18 - 29	1.3	1.3	0.0	0.0
30 - 39	15.0	15.0	0.0	0.0
40 - 44	24.0	24.0	0.0	0.0
45 - 49	41.0	41.0	0.0	0.0
50 - 54	87.3	86.7	0.0	0.7
55 - 59	124.3	124.3	0.0	0.0
60 - 64	159.0	157.0	0.0	2.0
65 - 69	187.0	185.0	0.0	2.0
70 - 74	173.0	172.3	0.0	0.7
75 - 79	142.7	141.3	0.0	1.3
80 - 84	97.0	96.3	0.0	0.7
85 +	36.0	36.0	0.0	0.0

Therapeutic Cardiac Caths				
Age Group	Therapeutic Total	Service Categories		
		CC	PV	EP
ALL	133.0	70.7	25.0	37.3
0 - 17	0.0	0.0	0.0	0.0
18 - 29	0.0	0.0	0.0	0.0
30 - 39	2.0	2.0	0.0	0.0
40 - 44	2.0	2.0	0.0	0.0
45 - 49	3.7	2.7	1.0	0.0
50 - 54	6.7	4.0	0.0	2.7
55 - 59	12.7	8.0	2.0	2.7
60 - 64	20.7	12.0	6.0	2.7
65 - 69	20.0	8.7	6.0	5.3
70 - 74	23.3	10.0	4.0	9.3
75 - 79	17.0	8.7	3.0	5.3
80 - 84	19.3	12.0	2.0	5.3
85 +	5.7	0.7	1.0	4.0

CC - Cardiac Catheterization PV - Peripheral Vascular Catheterization EP - Electrophysiological Studies

* Cardiac Cath ICD-9, ICD-10, CPT codes and service categories provided by the Bureau of TennCare and the Tennessee Hospital Association.

Source: Tennessee Department of Health, Division of Population Health Assessment.
Hospital Discharge Data System, 2022-2024. Nashville, TN.

Cardiac Cath - Fort Sanders Regional Medical Center (ID: 4721)
Highest Weighted* Cardiac Cath Services Provided - Hospital Discharge Recorded Data - 2022-24

Diagnostic Cardiac Caths				
Age Group	Diagnostic Total	Service Categories		
		CC	PV	EP
ALL	1,342.0	1,254.0	0.0	88.0
0 - 17	0.0	0.0	0.0	0.0
18 - 29	6.7	6.7	0.0	0.0
30 - 39	24.3	24.3	0.0	0.0
40 - 44	34.0	32.7	0.0	1.3
45 - 49	63.0	60.3	0.0	2.7
50 - 54	107.3	104.7	0.0	2.7
55 - 59	148.7	140.7	0.0	8.0
60 - 64	188.7	178.0	0.0	10.7
65 - 69	211.7	201.0	0.0	10.7
70 - 74	200.0	182.7	0.0	17.3
75 - 79	191.7	176.3	0.0	15.3
80 - 84	110.3	97.0	0.0	13.3
85 +	55.7	49.7	0.0	6.0

Therapeutic Cardiac Caths				
Age Group	Therapeutic Total	Service Categories		
		CC	PV	EP
ALL	813.0	158.7	189.0	465.3
0 - 17	0.0	0.0	0.0	0.0
18 - 29	12.7	2.0	0.0	10.7
30 - 39	17.3	4.7	2.0	10.7
40 - 44	32.3	4.0	7.0	21.3
45 - 49	45.3	8.0	12.0	25.3
50 - 54	61.7	18.0	13.0	30.7
55 - 59	110.3	21.3	33.0	56.0
60 - 64	128.3	24.7	29.0	74.7
65 - 69	123.0	20.7	37.0	65.3
70 - 74	123.0	22.0	33.0	68.0
75 - 79	107.7	22.0	19.0	66.7
80 - 84	39.3	7.3	4.0	28.0
85 +	12.0	4.0	0.0	8.0

CC - Cardiac Catheterization PV - Peripheral Vascular Catheterization EP - Electrophysiological Studies

* Cardiac Cath ICD-9, ICD-10, CPT codes and service categories provided by the Bureau of TennCare and the Tennessee Hospital Association.

Source: Tennessee Department of Health, Division of Population Health Assessment.
Hospital Discharge Data System, 2022-2024. Nashville, TN.

Cardiac Cath - The University of Tennessee Medical Center (ID: 4728)
Highest Weighted* Cardiac Cath Services Provided - Hospital Discharge Recorded Data - 2022-24

Diagnostic Cardiac Caths				
Age Group	Diagnostic Total	Service Categories		
		CC	PV	EP
ALL	2,941.0	2,771.7	0.0	169.3
0 - 17	0.7	0.7	0.0	0.0
18 - 29	24.0	11.3	0.0	12.7
30 - 39	64.0	56.0	0.0	8.0
40 - 44	81.0	77.0	0.0	4.0
45 - 49	145.7	133.7	0.0	12.0
50 - 54	245.7	232.3	0.0	13.3
55 - 59	322.7	314.7	0.0	8.0
60 - 64	423.0	407.0	0.0	16.0
65 - 69	450.7	432.7	0.0	18.0
70 - 74	472.7	440.0	0.0	32.7
75 - 79	378.3	353.0	0.0	25.3
80 - 84	232.3	219.0	0.0	13.3
85 +	100.3	94.3	0.0	6.0

Therapeutic Cardiac Caths				
Age Group	Therapeutic Total	Service Categories		
		CC	PV	EP
ALL	1,375.7	337.3	661.0	377.3
0 - 17	0.0	0.0	0.0	0.0
18 - 29	9.3	2.7	4.0	2.7
30 - 39	37.0	8.7	19.0	9.3
40 - 44	42.7	12.0	24.0	6.7
45 - 49	61.3	8.0	28.0	25.3
50 - 54	90.0	15.3	52.0	22.7
55 - 59	136.0	30.0	62.0	44.0
60 - 64	164.0	34.0	82.0	48.0
65 - 69	195.0	42.7	115.0	37.3
70 - 74	270.7	69.3	128.0	73.3
75 - 79	194.7	50.0	90.0	54.7
80 - 84	107.7	38.7	37.0	32.0
85 +	67.3	26.0	20.0	21.3

CC - Cardiac Catheterization PV - Peripheral Vascular Catheterization EP - Electrophysiological Studies

* Cardiac Cath ICD-9, ICD-10, CPT codes and service categories provided by the Bureau of TennCare and the Tennessee Hospital Association.

Source: Tennessee Department of Health, Division of Population Health Assessment.
Hospital Discharge Data System, 2022-2024. Nashville, TN.

Cardiac Cath - Parkwest Medical Center (ID: 4732)
Highest Weighted* Cardiac Cath Services Provided - Hospital Discharge Recorded Data - 2022-24

Diagnostic Cardiac Caths				
Age Group	Diagnostic Total	Service Categories		
		CC	PV	EP
ALL	3,087.3	3,026.7	0.0	60.7
0 - 17	0.0	0.0	0.0	0.0
18 - 29	4.7	4.7	0.0	0.0
30 - 39	40.7	38.7	0.0	2.0
40 - 44	67.7	66.3	0.0	1.3
45 - 49	121.3	119.3	0.0	2.0
50 - 54	201.3	200.7	0.0	0.7
55 - 59	305.3	304.0	0.0	1.3
60 - 64	428.3	420.3	0.0	8.0
65 - 69	479.0	471.0	0.0	8.0
70 - 74	508.7	499.3	0.0	9.3
75 - 79	467.0	453.7	0.0	13.3
80 - 84	303.0	294.3	0.0	8.7
85 +	160.3	154.3	0.0	6.0

Therapeutic Cardiac Caths				
Age Group	Therapeutic Total	Service Categories		
		CC	PV	EP
ALL	2,504.3	1,044.0	407.0	1,053.3
0 - 17	0.0	0.0	0.0	0.0
18 - 29	20.7	0.7	0.0	20.0
30 - 39	46.3	16.7	7.0	22.7
40 - 44	55.0	14.0	5.0	36.0
45 - 49	79.0	37.3	15.0	26.7
50 - 54	162.0	53.3	34.0	74.7
55 - 59	258.3	86.7	49.0	122.7
60 - 64	321.7	110.0	69.0	142.7
65 - 69	443.0	166.0	73.0	204.0
70 - 74	419.7	175.3	67.0	177.3
75 - 79	364.7	172.0	58.0	134.7
80 - 84	222.0	132.0	22.0	68.0
85 +	112.0	80.0	8.0	24.0

CC - Cardiac Catheterization PV - Peripheral Vascular Catheterization EP - Electrophysiological Studies

* Cardiac Cath ICD-9, ICD-10, CPT codes and service categories provided by the Bureau of TennCare and the Tennessee Hospital Association.

Source: Tennessee Department of Health, Division of Population Health Assessment.
Hospital Discharge Data System, 2022-2024. Nashville, TN.

Cardiac Cath - Tennaova - Turkey Creek Medical Center (ID: 4733)
Highest Weighted* Cardiac Cath Services Provided - Hospital Discharge Recorded Data - 2022-24

Diagnostic Cardiac Caths				
Age Group	Diagnostic Total	Service Categories		
		CC	PV	EP
ALL	2,435.0	2,361.7	0.0	73.3
0 - 17	0.0	0.0	0.0	0.0
18 - 29	5.3	5.3	0.0	0.0
30 - 39	26.7	26.0	0.0	0.7
40 - 44	47.7	47.0	0.0	0.7
45 - 49	87.0	87.0	0.0	0.0
50 - 54	156.3	155.0	0.0	1.3
55 - 59	236.3	229.7	0.0	6.7
60 - 64	296.3	291.0	0.0	5.3
65 - 69	428.3	412.3	0.0	16.0
70 - 74	448.0	432.0	0.0	16.0
75 - 79	390.3	376.3	0.0	14.0
80 - 84	214.7	205.3	0.0	9.3
85 +	98.0	94.7	0.0	3.3

Therapeutic Cardiac Caths				
Age Group	Therapeutic Total	Service Categories		
		CC	PV	EP
ALL	2,262.0	538.0	292.0	1,432.0
0 - 17	0.0	0.0	0.0	0.0
18 - 29	17.3	1.3	0.0	16.0
30 - 39	31.3	4.0	2.0	25.3
40 - 44	33.3	13.3	4.0	16.0
45 - 49	63.3	16.0	10.0	37.3
50 - 54	103.3	30.0	20.0	53.3
55 - 59	194.0	59.3	36.0	98.7
60 - 64	221.7	64.7	37.0	120.0
65 - 69	427.3	85.3	58.0	284.0
70 - 74	441.3	90.7	60.0	290.7
75 - 79	423.3	80.0	46.0	297.3
80 - 84	211.7	56.0	17.0	138.7
85 +	94.0	37.3	2.0	54.7

CC - Cardiac Catheterization PV - Peripheral Vascular Catheterization EP - Electrophysiological Studies

* Cardiac Cath ICD-9, ICD-10, CPT codes and service categories provided by the Bureau of TennCare and the Tennessee Hospital Association.

Source: Tennessee Department of Health, Division of Population Health Assessment.
Hospital Discharge Data System, 2022-2024. Nashville, TN.

Cardiac Cath - Tennaova - North Knoxville Medical Center (ID: 4735)
Highest Weighted* Cardiac Cath Services Provided - Hospital Discharge Recorded Data - 2022-24

Diagnostic Cardiac Caths				
Age Group	Diagnostic Total	Service Categories		
		CC	PV	EP
ALL	1,280.3	1,279.0	0.0	1.3
0 - 17	0.0	0.0	0.0	0.0
18 - 29	4.0	4.0	0.0	0.0
30 - 39	27.0	27.0	0.0	0.0
40 - 44	33.7	33.7	0.0	0.0
45 - 49	70.0	70.0	0.0	0.0
50 - 54	111.3	111.3	0.0	0.0
55 - 59	133.7	133.7	0.0	0.0
60 - 64	166.0	165.3	0.0	0.7
65 - 69	198.7	198.0	0.0	0.7
70 - 74	200.3	200.3	0.0	0.0
75 - 79	178.3	178.3	0.0	0.0
80 - 84	103.3	103.3	0.0	0.0
85 +	54.0	54.0	0.0	0.0

Therapeutic Cardiac Caths				
Age Group	Therapeutic Total	Service Categories		
		CC	PV	EP
ALL	522.3	366.7	61.0	94.7
0 - 17	0.0	0.0	0.0	0.0
18 - 29	2.0	0.7	0.0	1.3
30 - 39	11.3	7.3	4.0	0.0
40 - 44	12.3	7.3	1.0	4.0
45 - 49	20.7	15.3	4.0	1.3
50 - 54	45.3	32.7	6.0	6.7
55 - 59	45.7	31.3	9.0	5.3
60 - 64	63.0	49.3	7.0	6.7
65 - 69	77.0	62.0	7.0	8.0
70 - 74	81.3	54.0	10.0	17.3
75 - 79	70.7	52.0	8.0	10.7
80 - 84	52.7	35.3	4.0	13.3
85 +	40.3	19.3	1.0	20.0

CC - Cardiac Catheterization PV - Peripheral Vascular Catheterization EP - Electrophysiological Studies

* Cardiac Cath ICD-9, ICD-10, CPT codes and service categories provided by the Bureau of TennCare and the Tennessee Hospital Association.

Source: Tennessee Department of Health, Division of Population Health Assessment.
Hospital Discharge Data System, 2022-2024. Nashville, TN.

TRANSFER AGREEMENT

In consideration of the needs of the residents of the area served by both institutions named herein, this Agreement is entered into as of this 28th day of August, 2026 ("Effective Date") by and between, UT Medical Center at Northshore, LLC ("Facility") and University Health System, Inc., d/b/a The University of Tennessee Medical Center ("UTMC"), each of which herein may be individually referred to as "Party" or collectively as "Parties."

WHEREAS, the Parties are health care facilities serving the health care needs of the residents of their respective service areas; and

WHEREAS, a Party ("Transferring Facility") may, from time to time, require the services of the other Party ("Receiving Facility") to assist with the provision of health care services to the patients served by Transferring Facility;

NOW, THEREFORE, in consideration of the promises herein contained and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

- 1.0 Under this Agreement, the Receiving Facility will provide treatment and hospitalization for patients of the Transferring Facility when said patients require acute inpatient services, on the conditions set forth in this Agreement. Neither Transferring Facility nor Receiving Facility shall make any decision regarding the transfer or reception of a patient in a discriminatory, arbitrary or capricious manner, or in the case of an emergency, on the basis of a patient's insurance status or other ability to make payment. However, this shall in no way require either Party to accept nonemergent patients for transfer when the Receiving Facility is not in patient's managed care organization's ("MCO") provider network ("Network") or for whom the Receiving Facility cannot work out other arrangements with MCO, provided however that there is a facility which is in Network that is willing to accept patient.
- 2.0 This Agreement shall be governed by, and services performed hereunder shall be provided in a manner consistent with, Tennessee and applicable Federal laws and/or regulations, without regard to principles of conflicts of law. This includes, but is not limited to, the provisions of the Emergency Medical Treatment and Active Labor Act ("EMTALA"), 42 USCA §1395dd; Tennessee law regarding patient transfer, TCA 68-11-701-705; EMTALA regulations, 42 CFR 489.24; and Tennessee regulation governing patient transfers, Tenn. Reg. §1200-8-1-.05. This provision shall survive the termination of this Agreement.
- 3.0 The Transferring Facility assumes responsibility for assuring that the patient is transferred using the appropriate method of transportation and is accompanied by the appropriate personnel and equipment during the transfer. The Transferring Facility assumes responsibility for arrangements for and cost of such transportation, personnel, and equipment.
- 4.0 The Transferring Facility shall ensure that the relevant portions of patient's medical record and other relevant information needed to continue the care of the patient are sent with the patient on transport.
- 5.0 The Receiving Facility agrees to accept the patient for prompt evaluation and, within its capabilities and resources, provide care as indicated after acceptance of patient by a physician at Receiving Facility, contingent upon available space, personnel, and resources. The Transferring Facility shall bear no responsibility for the care and treatment provided to any patient after arrival at the Receiving Facility. The Receiving Facility shall bear no responsibility for the care and treatment provided to any patient prior to the arrival at the Receiving Facility.
- 6.0 The Parties acknowledge that the Facility will not initially provide twenty-four (24) hours per day, seven (7) days per week cardiac catheterization laboratory coverage, and that its emergency cardiac catheterization services will instead be available only during normal business hours. A patient who presents to the Facility's Emergency Department and requires emergency cardiac catheterization services that are (i) beyond the Facility's operating capabilities, or (ii) required at a time when the Facility's cardiac catheterization laboratory is not staffed or otherwise available, will be transferred to UTMC for treatment. UTMC acknowledges that it maintains twenty-four (24) hours per day, seven (7) days per week emergency cardiac catheterization laboratory coverage, and UTMC will accept each such patient for emergency cardiac catheterization treatment. In each such case, the Parties will strive to transfer the patient to a cardiac catheterization laboratory at UTMC within ninety (90) minutes of the patient's arrival at the Facility's Emergency Department.

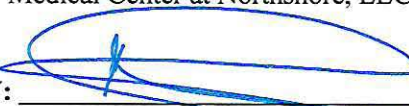
- 7.0 It is agreed that services rendered by the Receiving Facility or the Transferring Facility shall be charged to the patient and that neither shall be held responsible for payment of services rendered to the patient by the other. The Parties shall cooperate in the provision of the information for each Party to bill for the services provided by them. Each Party will use its best efforts to abide by all policies, regulations, and contractual obligations with regard to billing patients and/or third-party payors for services it performs.
- 8.0 Upon determination by appropriate medical personnel of Receiving Facility that a patient transferred from the Transferring Facility has been stabilized, no longer has an emergency medical condition or no longer requires the specialty services provided at the Receiving Facility, but that the patient does require further hospitalization, Transferring Facility agrees to readmit the patient for appropriate hospitalization within 24-48 hours of such determination. In the event that the physician located at the Transferring Facility who originally referred patient to Receiving Facility will not accept the patient, the Chief of the Medical Staff or other authorized representative of the Transferring Facility will facilitate identification of an appropriate physician to accept the patient and transfer the patient back to the Transferring Facility.
- 9.0 The Parties agree to promptly notify each other in writing of any incident, occurrence, or claim arising out of or in connection with the transfer or medical treatment of a patient transferred under the Agreement and to cooperate with each other in any investigation of said incident, occurrence, or claim.
- 10.0 Nothing contained in this Agreement shall be construed or deemed to create a relationship of employer and employee, principal and agent, insured and insurer, partnership, joint venture, or any other relationship other than that of independent parties, contracting with each other solely to carry out the purposes recited in the Agreement.
- 11.0 Both Parties agree to maintain adequate liability coverage to cover themselves, their employees, contractors, and agents from any and all liability arising out of or related to the services provided pursuant to this Agreement including, but not limited to, general and professional liability coverage. However, this provision shall not be construed so as to prohibit the Parties from fulfilling this obligation with various programs of insurance, self-insurance and/or self-insured retention. This obligation shall survive the expiration or termination of this Agreement for any reason.
- 12.0 The term of this Agreement shall begin on the Effective Date and remain in effect until terminated in accordance with this Agreement. Either Party may terminate this Agreement upon thirty (30) days written notice to the other Party. This Agreement may be terminated at anytime upon mutual written consent of the Parties. This Agreement shall automatically terminate should either party fail to maintain licensure or certification as provided by law or regulation.
- 13.0 Both Parties acknowledge that they will have access to confidential protected health information ("PHI") including, but not limited to, patient identifying information. The parties acknowledge that their performance under this Agreement must comply with the Health Information, as codified at 42 U.S.C. 1320d ("HIPAA"), the Health Information Technology Act of 2009, as codified at 42 U.S.C.A. prec 17901 ("HITECH Act"), and any current and future regulations promulgated under HIPAA or the HITECH Act (HIPAA, HITECH Act and any current and future regulations promulgated under either are collectively referred to as the "Regulations"). Each Party warrants that it is familiar with the requirements of the Regulations and will comply with all the Regulations in connections with their respective performance under this Agreement. The Parties will each cooperate with the respective privacy officials and other compliance officers of the other Party as necessary for both Parties to comply with the Regulations and will sign any documents that are reasonably necessary to maintain compliance with the Regulations.
- 14.0 This Agreement is intended solely for the benefit of UTMC and Facility. All other parties, named or unnamed in this Agreement, shall have no rights or remedies under this Agreement.
- 15.0 If any provision of this Agreement is held to be illegal or invalid for any reason, such illegality or invalidity shall not affect the remaining portions of this Agreement unless such illegality or invalidity prevents accomplishment of the goals, objectives, or purposes of the Agreement.

- 16.0 Any waiver of past breach, default, deficient performance or otherwise, even on multiple occasions, shall not be considered as a waiver of any rights or remedies at law or equity in any future circumstance regardless of similarity to past instances.
- 17.0 Until the expiration of four (4) years after the furnishing of services pursuant to this Agreement or any greater length of time as may be required by applicable federal statute or regulation, the Parties shall make available upon written request from the other Party or the Secretary of the United States Department of Health and Human Services, or upon request of the Comptroller General of the United States or any of their duly authorized representatives, this Agreement and books, documents, and records of that are necessary to certify the nature and extent of costs and services provided under this Agreement.
- 18.0 The Parties enter into this Agreement with the intent of conducting their relationship in full compliance with applicable state, local and federal law, including the Medicare/Medicaid anti-kickback/Fraud and Abuse provisions. Notwithstanding any unanticipated effect of any provisions herein, neither Party will intentionally conduct itself under the terms of this Agreement in a manner to constitute a violation of said statutes.
- 19.0 Each Party represents and warrants to the other Party that neither it nor its officers, directors and employees (i) are currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 USC § 1320a-7b(f) (the "Federal Healthcare Programs") or any state healthcare programs; (ii) have been convicted of a criminal offense related to the provision of healthcare items or services or excluded, debarred, or otherwise declared ineligible to participate in the Federal Healthcare Programs or any state healthcare programs; and (iii) are, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in it being excluded from participation in the Federal Healthcare Programs or any state healthcare programs. This shall be an ongoing representation and warranty during the term of this Agreement, and each Party shall immediately notify the other of any change in the status of the representations and warranty set forth in this section. Any breach of this section shall give a Party the right to terminate this Agreement immediately for cause.
- 20.0 Any requirements imposed under applicable law or regulation as in effect from time to time, shall, where inconsistent with any provision of this Agreement, be controlling and shall govern rights of the Parties hereto. Any such provisions under applicable law or regulation which will supersede or invalidate any provisions hereof shall not affect the validity of this Agreement and the remaining provisions hereof, unless such a change would prevent the accomplishment of the objectives and purposes of this Agreement as set forth herein.
- 21.0 No revision in or amendment to this Agreement shall be valid unless such revision or amendment is in writing and executed by all Parties hereto.

IN WITNESS WHEREOF, the Parties have entered into this Agreement to be effective as of Effective Date.

FACILITY:

UT Medical Center at Northshore, LLC

BY: 

Keith D. Gray, MD
President and CEO

DATE: 8/28/26

UTMC:

University Health System, Inc.
d/b/a The University of Tennessee Medical Center

BY: 

Ryan Shearer
Vice President, Compliance

DATE: 8/28/26

NEED FOR RADIATION THERAPY IN PSA COUNTIES PER CRITERIA AND STANDARDS				
County	Median Cancer Rate*	Projected Population 2030**	Est. Cancer Patients	Est. Rad. Therapy Patients
Knox County	435.3	530,212	2308.0	1384.8
Blount County	474.3	150,249	712.7	427.6
Loudon County	474.3	65,897	312.5	187.5
Total/Avg.	454.8	746,358	3394.4	2036.7
*Median cancer rate per 100,000. Source: <i>Cancer in Tennessee, 2016-2020 Annual Report</i> by Tennessee Cancer Registry (2025).				
**Source: Boyd Center Population Projections				

CANCER IN TENNESSEE

2016-2020 Annual Report

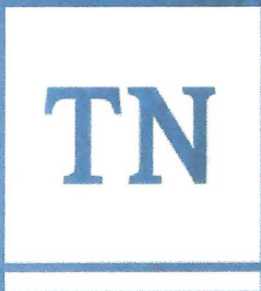
PREPARED BY

The Tennessee Cancer
Registry (TCR)

PUBLISHED IN

August 2025

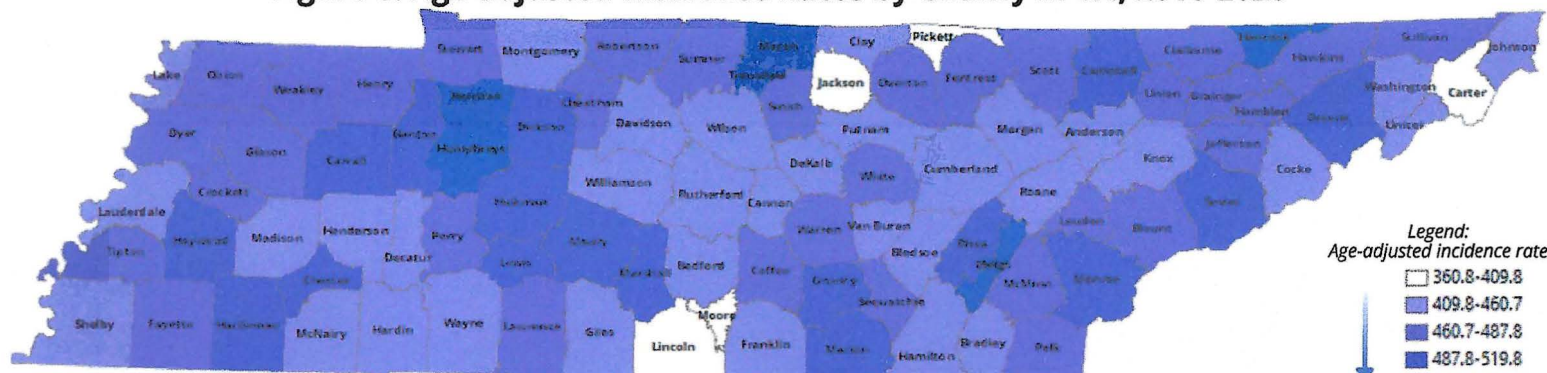
2016-2020



Department of
Health

CANCER IN TN OVERVIEW: BY COUNTY

Figure 6. Age-adjusted Incidence Rates by County in TN, 2016-2020



County	Rate
1. Trousdale	565.2
2. Houston	544.8
3. Humphreys	541.3
4. Meigs	534.8
5. Macon	533.3
6. Hancock	529.6
7. Carroll	519.8
8. Benton	518.1
9. Rhea	516.4
10. Marshall	515.7

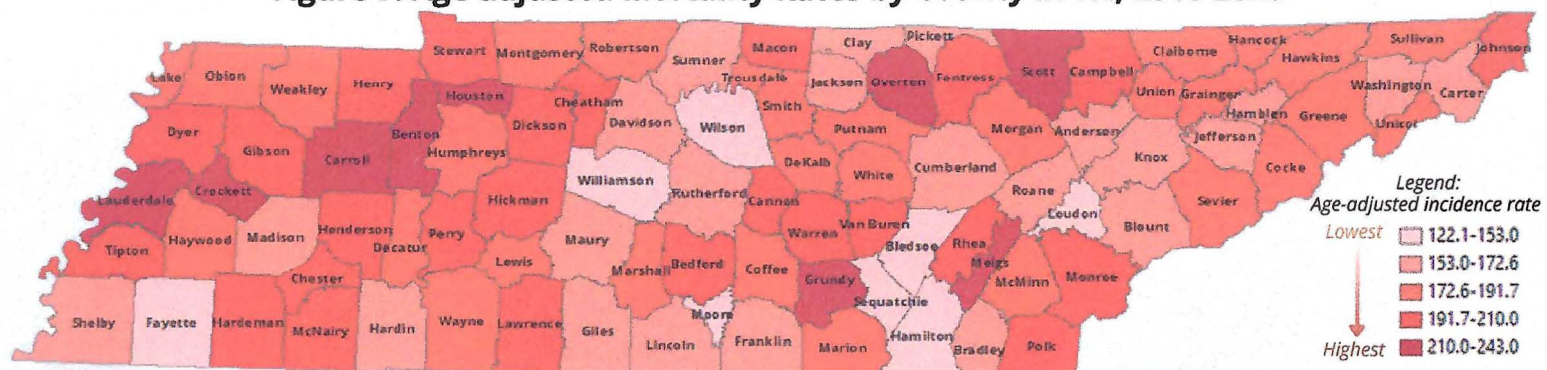
Highest

County	Rate
1. Lincoln	360.8
2. Pickett	378.6
3. Jackson	388.9
4. Moore	408.7
5. Carter	409.8
6. Johnson	422.0
7. Van Buren	428.1
8. DeKalb	430.2
9. Bledsoe	432.7
10. Davidson	436.1

Lowest

Data source: TCR

Figure 7. Age-adjusted Mortality Rates by County in TN, 2016-2020



County	Rate
1. Overton	243.0
2. Houston	231.4
3. Benton	228.9
4. Grundy	221.9
5. Carroll	220.5
6. Scott	219.4
7. Meigs	215.8
8. Crockett	215.5
9. Lauderdale	214.5
10. Perry	210.0

Highest

County	Rate
1. Williamson	122.1
2. Moore	132.8
3. Bledsoe	144.2
4. Sequatchie	144.5
5. Fayette	147.5
6. Hamilton	148.3
7. Loudon	149.0
8. Wilson	153.0
9. Cumberland	155.3
10. Knox	157.7

Lowest

Data source: TCR

RADIATION THERAPY TREATMENTS ON PSA RESIDENTS AND TREATMENTS IN PSA COUNTIES						
County	County Residents Receiving Treatments In & Out of PSA	Change YOY	Total Treatments delivered in PSA County	Change YOY	Total Treatments In- Migration	Change YOY
Year: 2025						
Knox	28,598	-0.9%	54,350	-3%	25,752	0.0%
Blount	8,850	25.8%	6,753	78%	-2,097	0.0%
Loudon	5,418	-2.8%	N/A	N/A	N/A	N/A
Total	42,866	4.4%	61,103	2%	18,237	0.0%
Year: 2024						
Knox	28,861	15.9%	55,823	13.0%	26,962	10.1%
Blount	6,563	7.2%	3,793	-14.0%	-2,770	61.5%
Loudon	5,570	48.2%	N/A		N/A	N/A
Total	40,994	17.9%	59,616	10.8%	18,622	-2.0%
Year: 2023						
Knox	24,900	N/A	49,382	N/A	24,482	N/A
Blount	6,123	N/A	4,408	N/A	-1,715	N/A
Loudon	3,758	N/A	N/A	N/A	N/A	N/A
Total	34,781	N/A	53,790	N/A	19,009	N/A

CAPACITY AND UTILIZATION OF LINEAR ACCELERATORS IN KNOX AND BLOUNT COUNTY HOSPITALS											
County	Provider Type	Provider	Types	No. of Units	Minimum Capacity (40%)	Optimal Capacity (80%)	Maximum Capacity (100%)	Total PSA Treatments in 2025*	Treatments per Unit	% of Optimal Capacity Met	% of Maximum Capacity Met
Blount	HOSP	Prisma Health - Blount Memorial Hospital	SRS, IMRT, IGRT	1	3162	6323	7904	6753	6753	106.8%	85.4%
Knox	HOSP	Fort Sanders Regional Medical Center	IMRT	2	3162	6323	7904	8392	4196	66.4%	53.1%
Knox	HOSP	North Knoxville Medical Center	IGRT, IMRT, SRS, SBRT	2	3162	6323	7904	8801	4401	69.6%	55.7%
Knox	HOSP	Parkwest Medical Center	IMRT, IGRT, VMAT, SBRT	2	3162	6323	7904	9151	4576	72.4%	57.9%
Knox	HOSP	Turkey Creek Medical Center	IMRT, IGRT, SRT	1	3162	6323	7904	9151	9151	144.7%	115.8%
Knox	HOSP	University of Tennessee Medical Center	IMRT, Triple Photon, Hybrid	3	3162	6323	7904	19,642	6547	103.5%	82.8%
Total				11	18,972	37,938	47,424	61,103	5555	161.1%	128.8%
Source: Medical Equipment Registry - 8/17/2026											
* HFC Equipment Registry shows Parkwest, Turkey Creek, and UTMHC each with 9,151 total treatments in 2025. UTMHC's correct volume from its internal data is shown in this table											

UTMC LINEAR ACCELERATORS CAPACITY AND UTILIZATION									
Provider	Year	No. of Units	Optimal Capacity (80%)	Maximum Capacity (100%)	Total Treatments	Treatments per Unit	% of Optimal Capacity Met	% of Maximum Capacity Met	Change '23-'25
UTMC	2025	3	18,969	23,712	19,642	6,547	103.5%	82.8%	11%
UTMC	2024	3	18,969	23,712	20987	6,996	110.6%	88.5%	N/A
UTMC	2023	3	18,969	23,712	17,675	5,892	93.2%	74.5%	N/A
Source: HFC Equipment Registry 8/17/26									

ORIGINAL **APPLICATION**



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

hsda.staff@tn.gov

CERTIFICATE OF NEED APPLICATION

1A. Name of Facility, Agency, or Institution

UT Medical Center at Northshore, LLC

Name

an unaddressed site located in the Northeast quadrant of the intersection of Thunderhead Road and Boardwalk Boulevard, across the street (Thunderhead Rd.) from Northshore Elementary School

Knox County

County

Street or Route

Knoxville

Tennessee

37922

City

State

Zip

www.utmedical.org

Website Address

Note: The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.

2A. Contact Person Available for Responses to Questions

Jerry Taylor

Attorney

Name

Title

Thompson Burton PLLC

jtaylor@thompsonburton.com

Company Name

Email Address

One Franklin Park, 6100 Tower Circle, Suite 200

Street or Route

Franklin

Tennessee

37067

City

State

Zip

Attorney

615-716-2297

Association with Owner

Phone Number

3A. Proof of Publication

Attach the full page of newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent. (Attachment 3A)

Date LOI was Submitted: 08/14/26

RESPONSE: A Publishers Affidavit is attached as Attachment 3A.

4A. Purpose of Review (Check appropriate box(es) – more than one response may apply)

- ☒ Establish New Health Care Institution
- ☐ Relocation
- ☐ Change in Bed Complement
- ☐ Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- ☐ Initiation of MRI Service
- ☐ MRI Unit Increase
- ☐ Satellite Emergency Department
- ☐ Addition of Therapeutic Catheterization
- ☐ Positron Emission Tomography (PET) Service
- ☒ Initiation of Health Care Service as Defined in §TCA 68-11-1607(3)

Initiation of HealthCare services

- ☐ Burn Unit
- ☐ Neonatal Intensive Care Unit
- ☐ Open Heart Surgery
- ☐ Organ Transplantation
- ☒ Cardiac Catheterization
- ☒ Linear Accelerator
- ☐ Home Health
- ☐ Hospice
- ☐ Opiate Addiction Treatment Provided through a Non-Residential Substitution-Based Treatment Section for Opiate Addiction

Please answer all questions on letter size, white paper, clearly typed and spaced, single sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate “N/A” (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable item Number on the attachment, i.e. Attachment 1A, 2A, etc. The last page of the application should be a completed signed and notarized affidavit.

5A. Type of Institution (Check all appropriate boxes – more than one response may apply)

- ☒ Hospital
- ☐ Ambulatory Surgical Treatment Center (ASTC) – Multi-Specialty
- ☐ Ambulatory Surgical Treatment Center (ASTC) – Single Specialty
- ☐ Home Health
- ☐ Hospice
- ☐ Intellectual Disability Institutional Habilitation Facility (ICF/IID)
- ☐ Nursing Home
- ☐ Outpatient Diagnostic Center
- ☐ Rehabilitation Facility
- ☐

- ☐ Residential Hospice
- ☐ Nonresidential Substitution Based Treatment Center of Opiate Addiction
- ☐ Other

Other -

Hospital -

General Medical and Surgical

6A. Name of Owner of the Facility, Agency, or Institution

University Health System, Inc.

Name

2121 Medical Center Way, Suite 330

805-305-6602

Street or Route

Phone Number

Knoxville

Tennessee

37920

City

State

Zip

7A. Type of Ownership of Control (Check One)

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Partnership
- ☐ Corporation (For Profit)
- ☐ Corporation (Not-for-Profit)
- ☐ Government (State of TN or Political Subdivision)
- ☐ Joint Venture
- ☒ Limited Liability Company
- ☐ Other (Specify)

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's website at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx>. If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. (Attachment 7A)

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

RESPONSE: UT Medical Center at Northshore, LLC is wholly owned by University Health System, Inc. ("UHS"). UHS is a not-for-profit public benefit corporation which also owns and operates The University of Tennessee Medical Center. It has no individual owners. A copy of the Articles of Organization is attached as Attachment 7A.

8A. Name of Management/Operating Entity (If Applicable)

Name

Street or Route

County

City

State

Zip

Website Address

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. (Attachment 8A)

9A. Legal Interest in the Site

Check the appropriate box and submit the following documentation. (Attachment 9A)

The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.

- ☒ Ownership (Applicant or applicant's parent company/owner) – Attach a copy of the title/deed.
- ☐ Lease (Applicant or applicant's parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
- ☐ Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
- ☐ Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
- ☐ Letter of Intent, or other document showing a commitment to lease the property - attach reference document
- ☐ Other (Specify)

RESPONSE: Copies of the deeds vesting title in UHS are attached as Attachment 9A.

10A. Floor Plan

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page. (Attachment 10A)

- Patient care rooms (Private or Semi-private)
- Ancillary areas
- Other (Specify)

RESPONSE: A floor plan is attached as Attachment 10A.

11A. Public Transportation Route

Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients. (Attachment 11A)

RESPONSE: The site for the proposed hospital is in the Northshore Town Center area of Knoxville, a popular and rapidly growing business and retail area. The southern border of the site fronts Boardwalk Blvd. and is approximately 1 mile from the

interchange of I-40 via Town Center Blvd. and Northshore Drive. It is easily accessible by personal motor vehicles. The site is also accessible via the Knoxville Area Transit (KAT) public bus line. Route 16 Middlebrook/Cedar Bluff has stops at Windsor Square on Market Place Blvd. and at Market Place Blvd./Peters Road.

12A. Plot Plan

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter size sheet of white paper, legibly labeling all requested information. It **must** include:

- Size of site (in acres);
- Location of structure on the site;
- Location of the proposed construction/renovation; and
- Names of streets, roads, or highways that cross or border the site.

(Attachment 12A)

RESPONSE: A site plan is attached as Attachment 12A.

13A. Notification Requirements

- TCA §68-11-1607(c)(9)(B) states that “... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested.” Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.
 - ☐ Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
 - ☐ Notification in process, attached at a later date
 - ☐ Notification not in process, contact HFC Staff
 - ☒ Not Applicable
- TCA §68-11-1607(c)(9)(A) states that “... Within ten (10) days of the filing of an application for a nonresidential substitution based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of the municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution based treatment center for opiate addiction has been filed with the agency by the applicant.
 - ☐ Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
 - ☐ Notification in process, attached at a later date
 - ☐ Notification not in process, contact HFC Staff
 - ☐ Not Applicable

EXECUTIVE SUMMARY

1E. Overview

Please provide an overview not to exceed **ONE PAGE** (for 1E only) in total explaining each item point below.

- Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes.

RESPONSE:

The proposed UT Medical Center at Northshore (“UTMCN”) will be a 60 -bed general acute care hospital. In addition to acute inpatient services, it will offer the following service lines:

- Inpatient medical/surgical services
- Surgery – Inpatient and Outpatient
- Emergency Department
- Cardiac cath – diagnostic and therapeutic
- Radiation therapy
- Imaging – MRI, CT, X-Ray, Ultrasound, Echocardiogram, Mammogram, and Bone Density

The facility will have four floors for patient care, a basement level for support services and mechanical/electrical, and a fifth level for roof access and related purposes. Patient care services will be located by level as follows:

Level 1:

- Emergency Department with 14 exam and treatment rooms, and 1 trauma room
- Imaging – Inpatient and Outpatient
- Radiation Therapy
- Dietary

Level 2:

- Surgery – Inpatient and Outpatient with 8 ORs
- 30 Pre- and Post-Operative rooms

- Pharmacy
- Clinical Lab
- Cath Labs (2)

Level 3:

- 30 med surg beds

Level 4:

- 30 med surg beds

- Ownership structure

RESPONSE: UT Medical Center at Northshore, LLC is wholly owned by University Health System, Inc. (“UHS”). UHS is a not-for-profit public benefit corporation which is also the owner of The University of Tennessee Medical Center. It has no individual owners.

- Service Area

RESPONSE: The primary service area (PSA) for the new hospital consists of 11 zip codes in west Knox County (37909, 37919, 37921, 37922, 37923, 37931, 37932, and 37934), northwest Blount County (37737 and 37777), and northeast Loudon County (37772). Certain data sets in the application call for county-wide data. In those cases, data for the “PSA Counties” – Knox, Blount, and Loudon, is provided.

- Existing similar service providers

RESPONSE: There are 3 general acute care hospitals in the PSA: Parkwest Medical Center (zip code 37923), Tennova Healthcare – Turkey Creek Medical Center (zip code 37934), and Ft. Loudon Medical Center (zip code 37772). There are 4 general acute care hospitals which are not within the PSA, but are located in counties which encompass one or more of the PSA zip codes. Those hospitals are Ft. Sanders Regional Medical Center (Knox County), The University of Tennessee Medical Center (Knox County) Tennova Healthcare North Knoxville Medical Center (Knox County) and Blount Memorial Hospital (Blount County).

- Project Cost

RESPONSE: The total estimated project cost is 204,290,975. The single largest component is construction costs of \$129,316,219.

- Staffing

RESPONSE: Projected Year 1 staffing consists of 179.3 FTEs for direct patient care, 60.8 FTEs for non-patient care, and 14.6 FTEs of contract positions, including Anesthesia, Radiology, and laundry service.

2E. Rationale for Approval

A Certificate of Need can only be granted when a project is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers

Provide a brief description not to exceed ONE PAGE (for 2E only) of how the project meets the criteria necessary for granting a CON using the data and information points provided in criteria sections that follow.

- Need

RESPONSE: The proposed 60-bed UTM CN hospital is necessary to address the current and projected demand for accessible acute care services within the defined service area. UTM CN's need analysis incorporates historical inpatient utilization, projected population growth, patient origin and destination patterns, service-area use rates, average length of stay, market conditions, and patient migration. Together, these factors demonstrate a need to align future inpatient capacity more closely with where service-area residents live and seek care. The 11 zip code primary service area is projected to grow from approximately 279,692 residents in 2026 to 295,665 residents in 2030, representing an increase of approximately 15,973 residents, or 5.7 percent. Several of the service-area ZIP codes are expected to experience particularly meaningful growth, increasing the demand for emergency, inpatient, and related hospital services near the proposed location. The projected need for the hospital was developed using a population-based utilization methodology supported by historical Tennessee inpatient data. Projected discharges were estimated using population forecasts, historical acute-care utilization patterns, anticipated market participation, patient migration, provider alignment, and the competitive environment. Projected patient days were then calculated by applying average-length-of-stay assumptions to projected discharges. Those patient days were converted to average daily census and bed need using occupancy assumptions informed by historical market utilization. This methodology supports the proposed 60-bed complement as an appropriate level of capacity to serve projected demand while maintaining sufficient capacity for daily and seasonal variations in utilization. The proposed hospital will respond to several identifiable sources of need. These include demand associated with population growth, residents who currently travel outside the immediate service area for inpatient care, patients who experience geographic or other access barriers, and existing UTM C patients who would be better served at a more conveniently located UTM CN facility. The projections account for the anticipated redistribution of a portion of existing UTM C utilization and therefore do not treat all projected hospital volume as new or incremental market demand. This approach provides a more measured assessment of the additional capacity required in the service area. The proposed facility will improve access by locating acute inpatient and emergency services closer to a growing service-area population. It will provide a coordinated point of access to hospital-based care while remaining integrated with UTM C's broader clinical network, including its specialty providers, care-management infrastructure, quality oversight processes, and higher-acuity resources. Patients requiring services beyond the proposed hospital's capabilities will have defined referral and transfer pathways to the appropriate UTM C resources. The project is not intended to duplicate the full range of services offered by existing hospitals. Rather, it is designed to meet documented local demand, improve geographic access, recapture appropriate utilization currently leaving the service area, and position sufficient acute-care capacity near areas of projected population growth. Based on the demonstrated service-area need, the documented utilization methodology, and the access improvements created by the proposed location, approval of the 60-bed hospital is necessary to ensure that residents have timely and appropriately coordinated access to acute care services.

- Quality Standards

RESPONSE: The owner of the applicant, University Health System, Inc., also owns and operates The University of Tennessee Medical Center ("UTMC"). UTMC is an academic medical center and research hospital with 710 inpatient beds, and a Level I trauma center. It has been serving the health care needs of the region for 70 years. UTMC serves as a teaching hospital for The University of Tennessee Health Science Center College of Medicine,

and the UT Knoxville College of Nursing. It is accredited by The Joint Commission. The proposed UTMC Northshore will be licensed by the Tennessee Health Facilities Commission and will be accredited by The Joint Commission.

- Consumer Advantage

- Choice

RESPONSE: There are 3 general acute care hospitals in the PSA: Parkwest Medical Center (zip code 37923), Tennova Healthcare – Turkey Creek Medical Center (zip code 37934), and Ft. Loudon Medical Center (zip code 37772). Parkwest Medical Center and Tennova Turkey Creek Medical Center are located in West Knox County, an area that has a higher overall population growth rate and a higher age 65+ growth rate than the state-wide average. Ft. Loudon Medical Center is located in Loudon County on the far western edge of the PSA. The proposed UTMC Northshore hospital will provide an additional choice for patients, enabling them to receive care closer to their homes and for those patients who want services from a hospital affiliated with a renowned academic and research medical center, avoid having to travel into the downtown Knoxville area to reach the UTMC campus.

- Improved access/availability to health care service(s)

RESPONSE: The proposed UT Medical Center at Northshore is located in one of the fastest growing areas in the region. The PSA, consisting of 11 zip codes in West Knox County, North Blount County, and East Loudon County, has a population growth rate that is significantly higher than the state as a whole and higher than the average growth rate of the 3 counties. Its location is roughly equidistant from each of the 3 hospitals in the PSA, and the 7 hospitals in the 3 PSA Counties, and is an average driving distance of 13.8 miles from each of the hospitals. UTMCN will provide improved access to hospital care. Moreover, UTMC is experiencing exceptionally high inpatient occupancy, especially on its medical-surgical beds. The new beds at its sister hospital will help to decompress UTMC and allow patients who reside closer to the West Knox County area to more easily access inpatient beds and outpatient hospital services, while avoiding having to travel into the downtown Knoxville area and navigate the extremely busy and congested UTMC campus.

- Affordability

RESPONSE: The charges at UTMCN will be competitive with other hospitals in the area. The actual charges and patient out of pocket amounts are determined primarily by the rates negotiated with third party payors, and Medicare rates. UTMC has many years of experience in negotiating favorable rates, and it is a critical component of many health plan networks. The proposed UTMCN will benefit from this managed-care contracting experience and these relationships with commercial payors.

3E. Consent Calendar Justification

- ☐ Letter to Executive Director Requesting Consent Calendar (Attach Rationale that includes addressing the 3 criteria)
- ☒ Consent Calendar NOT Requested

If Consent Calendar is requested, please attach the rationale for an expedited review in terms of Need, Quality Standards, and Consumer Advantage as a written communication to the Agency's Executive Director at the time the application is filed.

4E. PROJECT COST CHART

A. Construction and equipment acquired by purchase:

1. Architectural and Engineering Fees	\$6,957,672
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	\$100,000
3. Acquisition of Site	\$3,141,526
4. Preparation of Site	\$4,745,550
5. Total Construction Costs	\$129,316,219
6. Contingency Fund	\$344,796
7. Fixed Equipment (Not included in Construction Contract)	\$14,526,255
8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)	\$31,663,957
9. Other (Specify): _____	

B. Acquisition by gift, donation, or lease:

1. Facility (inclusive of building and land)	
2. Building only	
3. Land only	
4. Equipment (Specify): _____	
5. Other (Specify): _____	

C. Financing Costs and Fees:

1. Interim Financing	
2. Underwriting Costs	\$1,250,000
3. Reserve for One Year's Debt Service	\$12,200,000
4. Other (Specify): _____	

D. Estimated Project Cost (A+B+C)	\$204,245,975
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E. CON Filing Fee	\$45,000
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F. Total Estimated Project Cost (D+E)	\$204,290,975
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TOTAL

GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with TCA §68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to completion or duplication would be positive for consumers.” In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

NEED

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

- 1N.** Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. <https://www.tn.gov/hsda/hsda-criteria-and-standards.html> (Attachment 1N)

RESPONSE:

Responses to the Criteria and Standards applicable to Acute Bed Need, Cardiac Cath Services, and Megavoltage Radiation Treatment are attached as Attachment 1N.

- 2N.** Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable. (Attachment 2N)

RESPONSE:

The primary service area (PSA) for the new hospital consists of 11 zip codes in west Knox County (37909, 37919, 37921, 37922, 37923, 37931, 37932, and 37934), northwest Blount County (37737 and 37777), and northeast Loudon County (37772). Certain data sets in the application call for county-wide data. In those cases, data for the “PSA Counties” – Knox, Blount, and Loudon, is provided. A map showing the PSA by zip codes is shown below. A county-level map of the PSA Counties, as well as the zip code level map are attached as Attachment 2N.

Complete the following utilization tables for each county in the service area, if applicable.

PROJECTED UTILIZATION

Unit Type: ☐ Procedures ☐ Cases ☐ Patients ☒ Other <u>Discharges</u>		
Service Area Counties	Projected Utilization Recent Year 1 (Year = 2030)	% of Total
Loudon	164	4.82%
Knox	2,349	69.09%
Blount	224	6.59%
Other not primary/secondary county	663	19.50%
Total	3,400	100%

3N. A. Describe the demographics of the population to be served by the proposal.

RESPONSE:

Attached as Attachment 3N are two tables, reflecting the data called for, utilizing the specified sources. One of the tables reflects the Target Population age 20+ (the Boyd Center Population Projections website does not include the >18 or the <18 age cohorts). The second table reflects the Target Population of 65+. The 65+ age group consumes health care services at a higher rate than the remainder of the adult population.

Compared to the state as a whole, the PSA Counties population:

- Has higher projected population growth, as to both the 20+ population, and the 65+ population.
- Has higher median household income.
- Has a lower poverty rate.

Has a lower rate of TennCare enrollment.

B. Provide the following data for each county in the service area:

- Using current and projected population data from the Department of Health.
(www.tn.gov/health/health-program-areas/statistics/health-data/population.html);
- the most recent enrollee data from the Division of TennCare
(<https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>),
- and US Census Bureau demographic information
(<https://www.census.gov/quickfacts/fact/table/US/PST045219>).

RESPONSE:

A table with the requested population and demographic data is attached as Attachment 3N.

- 4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE:

While the proposed primary service area ("PSA") generally exhibits higher median household income levels and lower poverty rates than Tennessee as a whole, the service area nevertheless contains important healthcare access challenges and special population needs that support the development of additional inpatient capacity at UT Medical Center at Northshore ("UTMCN").

Foremost among these needs is the rapid growth of the aging population. Among the PSA Counties of Knox, Blount, and Loudon, the population age 65 and older is projected to increase from 141,380 residents in 2026 to 151,022 residents in 2030, representing growth of approximately 6.8%, more than double the projected growth rate of the overall population. Loudon County alone is projected to experience a 9.4% increase in residents age 65 and older during the same period. By 2030, approximately one in five residents within the PSA Counties will be age 65 or older. Older adults utilize inpatient, emergency, cardiac, imaging, surgical, and oncology services at significantly higher rates than younger populations and often face greater transportation and mobility challenges when accessing care. Please see Attachment 3N.

The proposed service area also includes more than 103,000 TennCare enrollees and over 74,000 individuals living below the federal poverty level within the PSA Counties. Although these percentages are somewhat lower than statewide averages, they nevertheless represent substantial populations that require accessible hospital services, emergency care, and specialty services regardless of ability to pay. UTMCN will participate in TennCare, Medicare, and commercial insurance programs and will provide services consistent with the charity care and financial assistance policies of University Health System. Patients will be served without regard to socioeconomic status, insurance status, race, ethnicity, age, disability status, or ability to pay.

Accessibility is also an important consideration supporting the proposed hospital. The PSA encompasses portions of West Knox County, North Blount County, and East Loudon County, areas that have experienced substantial residential development and population growth. While several hospitals serve portions of the broader region, many residents of the PSA must currently travel considerable distances through increasingly congested transportation corridors to access inpatient care, advanced diagnostic services, cardiac services, oncology services, and emergency care. Residents of the western portions of Knox County, eastern Loudon County, and northern Blount County frequently rely on facilities located outside of their immediate communities, requiring travel along heavily traveled portions of Northshore Drive, Pellissippi Parkway, Kingston Pike, and Interstate 40. For elderly patients, patients with chronic illnesses, individuals undergoing cancer treatment, and family caregivers, these travel burdens can create meaningful barriers to accessing timely care.

The proposed UTMCN campus is strategically located within one of the fastest-growing areas of the region and is intended to place inpatient and outpatient hospital services closer to where population growth is occurring. The project will improve geographic access to emergency, inpatient, surgical, cardiac catheterization, imaging, and radiation therapy services while reducing travel times for many

residents of the PSA. This is particularly important for elderly patients who often require frequent interaction with the healthcare system and benefit from receiving care closer to home and family support networks.

The proposal also addresses broader system capacity concerns. Existing hospitals serving the PSA and surrounding counties are experiencing robust utilization. In 2024, The University of Tennessee Medical Center operated at approximately 84% occupancy, while Parkwest Medical Center and Fort Sanders Regional Medical Center each operated at approximately 82% staffed-bed occupancy. These utilization levels indicate increasing pressure on existing inpatient resources as population growth and healthcare demand continue to rise. The addition of 60 inpatient beds at UTM CN will improve access to timely inpatient care, help accommodate future population growth, and provide needed capacity within a rapidly growing portion of the market.

The business and operating plans for UTM CN have been specifically designed to address these community needs through participation in TennCare and Medicare programs, provision of financial assistance programs, compliance with EMTALA requirements, delivery of services regardless of ability to pay, accessibility for persons with disabilities, and integration with the clinical resources, specialty services, care coordination infrastructure, and quality programs of The University of Tennessee Medical Center. Through these measures, UTM CN will improve healthcare access for elderly individuals, underserved populations, TennCare beneficiaries, low-income residents, women, racial and ethnic minorities, and all residents of the growing service area while helping ensure that sufficient inpatient capacity is available to meet future healthcare needs.

-
- 5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days. Average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.

RESPONSE:

There are 3 general acute care hospitals in the PSA: Parkwest Medical Center (zip code 37923), Tennova Healthcare – Turkey Creek Medical Center (zip code 37934), and Ft. Loudon Medical Center (zip code 37772). There are 4 general acute care hospitals which are not within the PSA, but are located in counties which encompass one or more of the PSA zip codes. Those hospitals are Ft. Sanders Regional Medical Center (Knox County), The University of Tennessee Medical Center (Knox County) Tennova Healthcare North Knoxville Medical Center (Knox County) and Prisma Health - Blount Memorial Hospital (Blount County).

The existing hospitals are being utilized at a robust rate. As is reflected in the tables in Attachment 5N, in 2024 the average occupancy rate of staffed beds of all hospitals in the 3-county area which encompasses the PSA was 81%. In 2023, the staffed occupancy rate was 79%. The average of those two years is 80%. The Acute Bed Need Criteria and Standards (addressed in detail in Attachment 1N), provide that a need for additional beds may be found if existing beds are utilized at 80% occupancy.

Occupancy and utilization data for the hospitals in the 3 PSA Counties for the most recent 3 years of JAR data is attached as Attachment 5N.

Utilization data for cardiac cath and MRT providers are reflected in attachments to Attachment 1N.

- 6N. Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

RESPONSE:

UTMCN is a proposed new hospital, so there is no historical utilization. Please see Attachment 6N for projected data for UTM CN for the first three years of operation.

Projected admissions, discharges, and patient days were developed using a population-based utilization methodology supported by historical inpatient data, projected population growth, use rates, average length of stay, market share, and in-migration assumptions. The model established a defined primary service area using selected ZIP codes and analyzed historical acute care utilization trends over multiple years, excluding labor and delivery, neonatal, obstetric, psychiatric, and rehabilitation service lines. Historical inpatient activity was used to establish baseline utilization patterns, including service area use rates and average lengths of stay.

Future admissions/discharges were projected by applying expected utilization rates to projected service area population estimates. The methodology incorporated demographic growth projections, historical utilization trends, anticipated service area demand, and patient migration patterns to estimate future inpatient volumes. The analysis also considered the proposed hospital's anticipated market share, informed by provider alignment, patient origin patterns, and the competitive environment within the service area.

Projected patient days were calculated by applying average length of stay assumptions to projected admissions/discharges. The resulting patient day estimates were then translated into average daily census and bed need estimates using occupancy assumptions derived from historical market performance and comparable hospital utilization patterns. This methodology provided a reasonable projection of future inpatient demand and supported the utilization assumptions underlying the proposed 60-bed facility.

Utilization data for cardiac cath and MRT providers are reflected in attachments to Attachment 1N.

- 7N. Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.

RESPONSE:

The project authorized by CN2103-010A is on hold as UTMC continues to assess the means of assuring the best and most efficient uses of its resources at its Lenoir City outpatient campus. CON #CN2102-010A will be surrendered if the UTMCN CON, including the authority to initiate Radiation Therapy, is granted.

CON Number	Project Name	Date Approved	Expiration Date
CN2103-010	University of Tennessee Medical Center	6/23/2021	1/1/2028

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area.

- 1C. List all transfer agreements relevant to the proposed project.

RESPONSE: The proposed new hospital will have a Transfer Agreement with UTMC. A copy is attached as Attachment 1N(6).

- 2C. List all commercial private insurance plans contracted or plan to be contracted by the applicant.

- ☒ Aetna Health Insurance Company
- ☐ Ambetter of Tennessee Ambetter
- ☒ Blue Cross Blue Shield of Tennessee
- ☒ Blue Cross Blue Shield of Tennessee Network S
- ☒ Blue Cross Blue Shiled of Tennessee Network P
- ☒ BlueAdvantage
- ☐ Bright HealthCare
- ☒ Cigna PPO
- ☒ Cigna Local Plus
- ☐ Cigna HMO - Nashville Network
- ☐ Cigna HMO - Tennessee Select
- ☐ Cigna HMO - Nashville HMO
- ☒ Cigna HMO - Tennessee POS
- ☐ Cigna HMO - Tennessee Network
- ☐ Golden Rule Insurance Company
- ☒ HealthSpring Life and Health Insurance Company, Inc.
- ☒ Humana Health Plan, Inc.

- ☐ Humana Insurance Company
- ☐ John Hancock Life & Health Insurance Company
- ☐ Omaha Health Insurance Company
- ☐ Omaha Supplemental Insurance Company
- ☐ State Farm Health Insurance Company
- ☒ United Healthcare UHC
- ☒ UnitedHealthcare Community Plan East Tennessee
- ☐ UnitedHealthcare Community Plan Middle Tennessee
- ☐ UnitedHealthcare Community Plan West Tennessee
- ☐ WellCare Health Insurance of Tennessee, Inc.
- ☒ Others

RESPONSE: Please see Attachment 2C.

- 3C. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.

RESPONSE:

The proposed increase in acute care beds will not result in unnecessary or costly duplication of services within the proposed service area. Rather, the additional beds are intended to address a defined and growing need for accessible acute care capacity, supported by projected population growth, historical utilization patterns, patient migration trends, and current access considerations.

The proposed beds are expected to serve a combination of service area growth, new market demand, residents who currently leave the service area for inpatient care, and a portion of patients who may currently receive care at other University of Tennessee Medical Center facilities. To the extent that some volume shifts from existing University of Tennessee Medical Center locations, this represents an internal redistribution of existing health system demand to a more geographically accessible and appropriately located site of care rather than a net duplication of services. This redistribution is consistent with the University of Tennessee Medical Center's broader strategy to align care delivery resources with population growth, evolving utilization patterns, and the healthcare needs of the communities it serves.

The proposed hospital will differ from existing providers by operating as a community-focused acute care hospital that is fully integrated within the University of Tennessee Medical Center's broader clinically coordinated network. While the facility will provide local access to acute inpatient care, emergency services, diagnostic capabilities, and selected hospital-based services, it will not replicate the full range of highly specialized tertiary and quaternary services available through the University of Tennessee Medical Center. Instead, the proposed hospital is intended to provide convenient access to routine acute care services closer to where patients live while maintaining direct connectivity to the system's advanced clinical programs, specialty physicians, care management resources, and quality oversight infrastructure.

Through shared clinical protocols, integrated electronic health records, coordinated physician alignment, and established referral and transfer pathways, patients will have access to a seamless continuum of care across the University of Tennessee Medical Center system. Patients requiring highly specialized services beyond the scope of the proposed facility will continue to have access to the advanced capabilities available at the main academic medical center and other system resources. This model promotes timely access to care, strengthens continuity of care, and ensures patients receive services in the most clinically appropriate setting.

Approval of the proposed beds is not expected to materially impair existing providers within the service area. The demand analysis indicates sufficient projected utilization to support the proposed bed complement, and the proposed facility is not

intended to duplicate the full complement of services currently available at existing hospitals. Rather, the project is intended to meet documented community need, improve geographic access, reduce patient travel burdens, recapture appropriate utilization currently leaving the service area, and provide residents with an additional access point into an integrated health system. By placing acute care resources in closer proximity to anticipated population growth and demand, the proposed hospital will enhance consumer access, support continuity of care, and strengthen the overall healthcare delivery infrastructure within the service area.

- 4C.** Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

RESPONSE:

A table reflecting the proposed Year 1 staffing is shown in response to Question 8Q. It calls for a total of 179.3 FTE direct patient care positions.

The owner of the applicant is University Health System, Inc. ("UHS"). UHS is also the owner of The University of Tennessee Medical Center ("UTMC"). Through its ownership and operation of UTMC, UHS has demonstrated the ability to recruit, hire, train, supervise and retain the team members necessary to support this new location. As the region's academic medical system and one of the region's largest healthcare employers, UTMC has an established human resources team, recruitment, onboarding, education and retention programs to support its workforce needs, and those of the proposed new hospital.

In this regard, UHS benefits from UTMC's affiliations with the University of Tennessee Health Science Center and the UT Knoxville nursing school as well as other educational partners such as Knox County schools and South College. These affiliations contribute to a pipeline of qualified healthcare professionals. UTMC actively recruits nursing, allied health, physician/APPs and support positions and regularly fills vacancies through established hiring processes and professional networks.

UTMC offers competitive compensation and benefits programs, professional development opportunities, continuing education resources, career advancement pathways and team member engagement initiatives that support retention. The medical center's longstanding presence and reputation as a leading healthcare provider further enhances the ability to attract and retain the workforce necessary to operate this new location. Development and retention of the workforce needed for the new hospital will benefit from the experience, expertise and reputation of UTMC.

With over 6,000 team members and extensive experience staffing complex clinical programs, UHS has the resources and expertise necessary to ensure adequate staffing.

The proposed new hospital will always maintain staffing levels sufficient to comply with all licensing standards of the State of Tennessee and the accreditation standards of The Joint Commission.

- 5C.** Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

RESPONSE:

The proposed new hospital will be licensed by the Tennessee Health Facilities Commission as a general hospital. It will be accredited by TJC. The proposed new hospital will always maintain compliance with all licensing standards of the State of Tennessee and the accreditation standards of The Joint Commission.

PROJECTED DATA CHART

- ☒ Project Only
☐ Total Facility

Give information for the *two (2)* years following the completion of this proposal.

	Year 1	Year 2
	<u>2030</u>	<u>2031</u>
A. Utilization Data		
Specify Unit of Measure <u>Other : Total IP & OP Encounters</u>	<u>26723</u>	<u>29877</u>
B. Revenue from Services to Patients		
1. Inpatient Services	<u>\$90,337,500.00</u>	<u>\$101,424,375.00</u>
2. Outpatient Services	<u>\$119,966,826.00</u>	<u>\$97,991,984.00</u>
3. Emergency Services	<u>\$2,640,000.00</u>	<u>\$26,664,000.00</u>
4. Other Operating Revenue (Specify) _____	<u>\$0.00</u>	<u>\$0.00</u>
Gross Operating Revenue	<u>\$212,944,326.00</u>	<u>\$226,080,359.00</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	<u>\$149,124,050.00</u>	<u>\$156,998,365.00</u>
2. Provision for Charity Care	<u>\$6,388,330.00</u>	<u>\$6,782,411.00</u>
3. Provisions for Bad Debt	<u>\$1,277,666.00</u>	<u>\$1,356,482.00</u>
Total Deductions	<u>\$156,790,046.00</u>	<u>\$165,137,258.00</u>
NET OPERATING REVENUE	<u>\$56,154,280.00</u>	<u>\$60,943,101.00</u>

- 7C. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Historical and Projected Data Charts of the proposed project.

Project Only Chart

	Previous Year to Most Recent Year	Most Recent Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge (<i>Gross Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$7,968.58	\$7,567.04	0.00
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)	\$0.00	\$0.00	\$5,867.23	\$5,527.24	0.00
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$2,101.35	\$2,039.80	0.00

- 8C. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

RESPONSE:

PROJECTED AVERAGE GROSS CHARGES - YEAR 1 (2030)	
Average Gross Charge per IP & OP Encounter	\$7,968.58
Average Gross Charge per IP Admission	\$26,569.85
Average Gross Charge per IP Day	\$7,591.38
Average Net Charge per IP & OP Encounter	\$2,101.35
Average Net Charge per IP Admission	\$16,515.96
Average Gross Charge per IP Day	\$4,769.27

The above average projected charges are calculated from the Projected Data Chart. There are no current charges. The anticipated revenue is reflected in the Projected Data Chart. This table is also attached as Attachment 8C.

- 9C. Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas, or to proposed charges of recently approved Certificates of Need.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE:

Publicly available data is insufficient to allow a meaningful calculation and comparison of average charges of existing hospitals. The charges at UTMCN will be competitive with other hospitals in the area. The actual charges and patient out of pocket amounts are determined primarily by the rates negotiated with third party payors, and Medicare rates. UTMCN has many years of experience in negotiating favorable rates, and it is a critical component of many health plan networks. The proposed UTMCN will benefit from this managed-care contracting experience and these relationships with commercial payors.

- 10C.** Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

Applicant's Projected Payor Mix

Project Only Chart

Payor Source	Year-2030		Year-2031	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	\$108,601,606.00	51.00	\$115,300,983.00	51.00
TennCare/Medicaid	\$21,294,433.00	10.00	\$22,608,036.00	10.00
Commercial/Other Managed Care	\$70,271,628.00	33.00	\$74,606,518.00	33.00
Self-Pay	\$8,517,773.00	4.00	\$9,043,214.00	4.00
Other(Specify)	\$4,258,886.00	2.00	\$4,521,608.00	2.00
Total	\$212,944,326.00	100%	\$226,080,359.00	100%
Charity Care	\$6,388,330.00		\$6,782,411.00	

**Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

Discuss the project's participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project.

RESPONSE: UTMCN will participate in TennCare, Medicare, and Tri-Care. The anticipated revenues from each of the programs is shown in the response to 10C. The applicant has also allocated \$6,388,330 and \$6,782,411 for charity care in Year 1 and Year 2, respectively.

QUALITY STANDARDS

- 1Q.** Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.

☒ Yes

☐ No

- 2Q.** The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.

- Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application?

☒ Yes

☐ No

- Does the applicant commit to obtaining and maintaining all applicable state licenses in good standing?

☒ Yes

☐ No

- Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?

☒ Yes

☐ No

3Q. Please complete the chart below on accreditation, certification, and licensure plans. Note: if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.

Credential	Agency	Status (Active or Will Apply)	Provider Number or Certification Type
Licensure	☒ Health Facilities Commission/Licensure Division ☐ Intellectual & Developmental Disabilities ☐ Mental Health & Substance Abuse Services	Will Apply	
Certification	☒ Medicare ☒ TennCare/Medicaid ☐ Other _____	Will Apply Will Apply	
Accreditation(s)	TJC - The Joint Commission	Will Apply	

4Q. If checked “TennCare/Medicaid” box, please list all Managed Care Organization’s currently or will be contracted.

- ☒ AMERIGROUP COMMUNITY CARE- East Tennessee
- ☐ AMERIGROUP COMMUNITY CARE - Middle Tennessee
- ☐ AMERIGROUP COMMUNITY CARE - West Tennessee
- ☒ BLUECARE - East Tennessee
- ☐ BLUECARE - Middle Tennessee
- ☐ BLUECARE - West Tennessee
- ☒ UnitedHealthcare Community Plan - East Tennessee
- ☐ UnitedHealthcare Community Plan - Middle Tennessee
- ☐ UnitedHealthcare Community Plan - West Tennessee
- ☒ TENNCARE SELECT HIGH - All
- ☐ TENNCARE SELECT LOW - All
- ☐ PACE
- ☐ KBB under DIDD waiver
- ☐ Others

5Q. Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?

- ☒ Yes
- ☐ No

6Q. For an existing healthcare institution applying for a CON:

- Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future.
 - ☐ Yes
 - ☐ No
 - ☒ N/A

- Has the entity been decertified within the prior three years? If yes, please explain in detail. (This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility.)

- ☐ Yes
- ☐ No
- ☒ N/A

7Q. Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.

Has any of the following:

- Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);
- Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or.

Been subject to any of the following:

- Final Order or Judgement in a state licensure action;
 - ☐ Yes
 - ☒ No
- Criminal fines in cases involving a Federal or State health care offense;
 - ☐ Yes
 - ☒ No
- Civil monetary penalties in cases involving a Federal or State health care offense;
 - ☐ Yes
 - ☒ No
- Administrative monetary penalties in cases involving a Federal or State health care offense;
 - ☐ Yes
 - ☒ No
- Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services;
 - ☐ Yes
 - ☒ No
- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or
 - ☐ Yes
 - ☒ No
- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.
 - ☐ Yes
 - ☒ No

8Q. Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.

☒ Existing FTE not applicable (Enter year)

Position Classification	Existing FTEs(enter year)	Projected FTEs Year 1
A. Direct Patient Care Positions		
Cath Lab Tech	0.00	3.60
Cath Lab RN	0.00	3.60
Lab Tech	0.00	11.00
Emergency Dept. Patient Access Coordinator	0.00	3.20
Imaging Techs	0.00	12.60
Radiation Therapy Tech	0.00	7.30
Hospitalist M.D.	0.00	3.00
ER Nurse Manager (RN)	0.00	1.00
Emergency Room RN	0.00	15.00
Emergency Dept. Paramedics	0.00	7.00
Pharmacist	0.00	3.70
Nurse Managers	0.00	2.00
Team Lead Nurse	0.00	9.70
R.N.	0.00	57.60
Physical Therapist	0.00	1.00
Respiratory Therapist	0.00	3.00
Surgery Dept, Nurse Manager	0.00	1.00
Surgery Dept. Team Lead Nurse	0.00	4.00
Surgery Dept. RN	0.00	15.00
Surgery Dept. Tech	0.00	11.00
Hospitalist APP	0.00	4.00
Total Direct Patient Care Positions	N/A	179.3

B. Non-Patient Care Positions		
Security	0.00	4.20
Administrative Executive	0.00	3.00
Patient Access Coordinator	0.00	9.90
Patient Accounts	0.00	5.00
Case Management	0.00	2.00
Food Nutrition	0.00	11.00
Environmental Services	0.00	11.70
Human Resources	0.00	1.00

IT Director	0.00	1.00
Maintenance	0.00	1.00
Purchasing	0.00	3.00
Other Misc.	0.00	8.00
Total Non-Patient Care Positions	N/A	60.8
Total Employees (A+B)	0	240.1

C. Contractual Staff		
Contractual Staff Position	0.00	14.60
Total Staff (A+B+C)	0	254.7

DEVELOPMENT SCHEDULE

TCA §68-11-1609(c) provides that activity authorized by a Certificate of Need is valid for a period not to exceed three (3) years (for hospital and nursing home projects) or two (2) years (for all other projects) from the date of its issuance and after such time authorization expires; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificate of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need authorization which has been extended shall expire at the end of the extended time period. The decision whether to grant an extension is within the sole discretion of the Commission, and is not subject to review, reconsideration, or appeal.

- Complete the Project Completion Forecast Chart below. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
- If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the “good cause” for such an extension.

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HFC action on the date listed in Item 1 below, indicate the number of days from the HFC decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date (Month/Year)
1. Initial HFC Decision Date		10/28/26
2. Building Construction Commenced	300	08/23/27
3. Construction 100% Complete (Approval for Occupancy)	1200	02/08/30
4. Issuance of License	1290	05/09/30
5. Issuance of Service	1290	05/09/30
6. Final Project Report Form Submitted (Form HR0055)	1380	08/07/30

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

USA TODAY CO.



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AFFIDAVIT OF PUBLICATION

Becky Thompson
UT Marketing Department
2121 Medical Center Way, Suite 300
Knoxville, TN 37920

STATE OF WISCONSIN, COUNTY OF BROWN

The Knoxville News-Sentinel, a daily newspaper published in the city of Knoxville, Knox County, State of Tennessee, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue dated and was published on the publicly accessible website:

KNS Knoxville News Sentinel 08/15/2026

and that the fees charged are legal.
Sworn to and subscribed before on 08/15/2026

Legal Clerk

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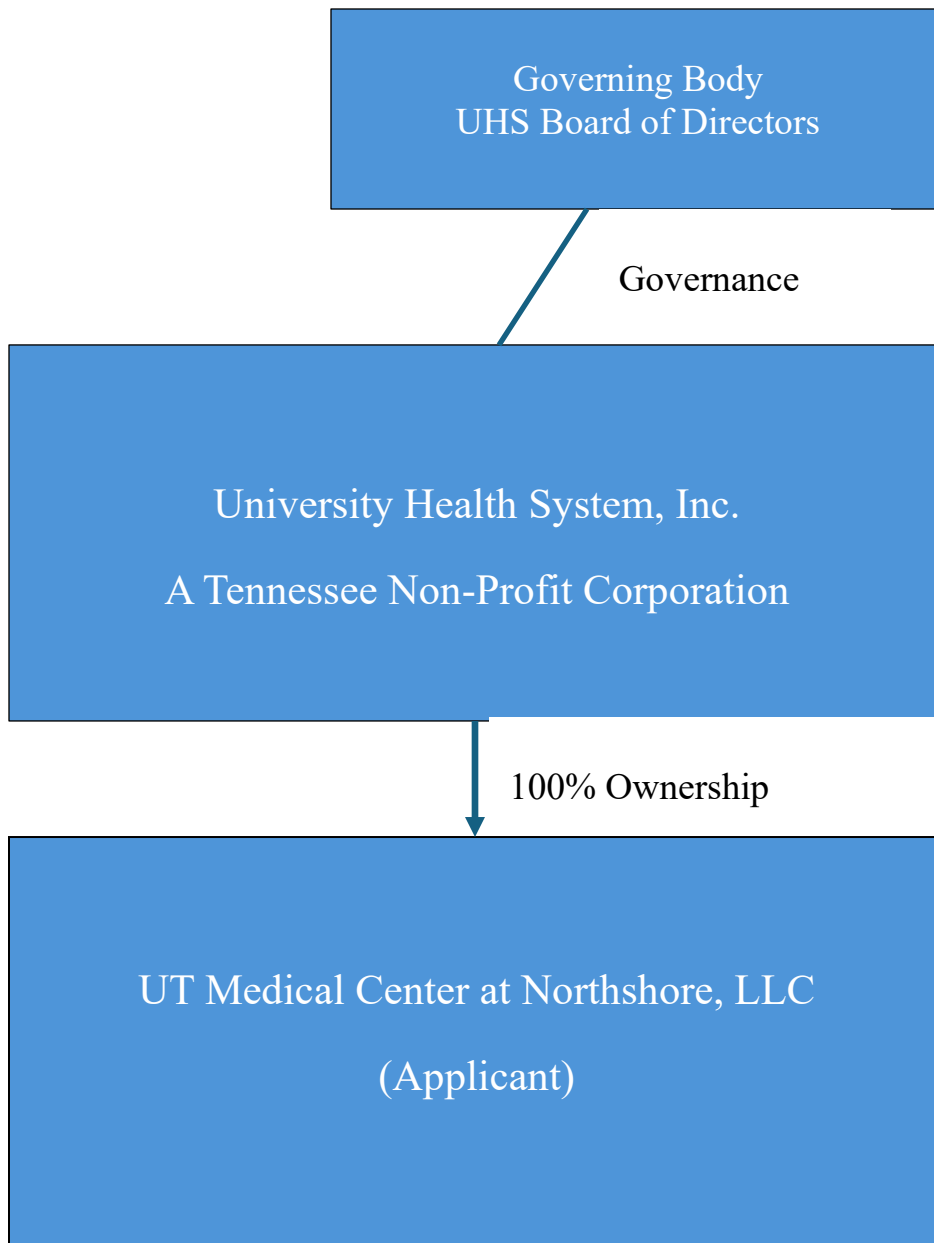
NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that UT Medical Center at Northshore, LLC, a/an newly formed entity owned by University Health System, Inc. with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a general acute care hospital offering a comprehensive range of inpatient and outpatient services, and the initiation of diagnostic and therapeutic cardiac catheterization services, and the initiation of radiation therapy service through the use of a linear accelerator. The hospital will be licensed for 60 inpatient beds by the Tennessee Health Facilities Commission. The address of the project will be an unaddressed site located in the Northeast quadrant of the intersection of Thunderhead Road and Boardwalk Boulevard, across the street (Thunderhead Rd.) from Northshore Elementary School, Knoxville, Knox County, Tennessee, 37922. The estimated project cost will be \$204,290,975.

The anticipated date of filing the application is 09/01/2026

The contact person for this project is Attorney Jerry Taylor who may be reached at Thompson Burton PLLC - One Franklin Park, 6100 Tower Circle, Suite 200, Franklin, Tennessee, 37067 – Contact No. 615-716-2297.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov.





Tre Hargett
Secretary of State

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
tncab.tnsos.gov/portal/

LINDA LEE HOWARD
1600 WEST END AVENUE SUITE 2000
NASHVILLE, TN 37203, USA

08/14/2026

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Entity Name:	UT MEDICAL CENTER AT NORTSHORE, LLC		
SOS Control #:	002138156	Initial Filing Date:	08/14/2026
Entity Type:	Limited Liability Company (LLC)	Formation Locale:	TENNESSEE
Status:	Active	Duration Term:	Perpetual
Fiscal Year Close:	December	Annual Report Due:	04/01/2027
Business County:	Knox		
Managed By:	Member Managed		
Obligated Member Entity:	No		

Document Receipt

Receipt #: 2026-770215	Filing Fee:	\$320.00
Payment: Credit Card - 3925812175		\$320.00

Registered Agent Address:
BENNETT L COX
2121 MEDICAL CENTER WAY STE 330
KNOXVILLE, TN 37920

Principal Office Address:
2121 MEDICAL CENTER WAY STE 200
KNOXVILLE, TN 37920
Knox County, USA

Congratulations on the successful filing of your Articles of Organization - Limited Liability Company for **UT MEDICAL CENTER AT NORTSHORE, LLC** in the State of Tennessee which is effective **08/14/2026**. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Please visit the Tennessee Department of Revenue website (www.tn.gov/revenue) to determine your online tax registration requirements. If you need to obtain a Certificate of Existence for this entity, you can request, pay for, and receive it from our website.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

Tre Hargett
Secretary of State

Tracking Number
B2026636838



Tre Hargett
Secretary of State

Articles Of Organization

Division of Business and Charitable Organizations

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-741-2286

tncab.tnsos.gov/portal/

Control #: 002138156

Filed: 08/14/2026 03:18 PM

Tre Hargett

Secretary of State

Entity Information

Entity Name: UT MEDICAL CENTER AT NORTHSORE, LLC

Entity Type: Limited Liability Company

Fiscal Year Ending Month: December

Additional Designation: (No additional designation)

Series LLC ?

☐ Yes ☒ No

Principal Office Address

2121 MEDICAL CENTER WAY STE 200

KNOXVILLE, TN 37920

Knox County, USA

Mailing Address

2121 MEDICAL CENTER WAY STE 200

KNOXVILLE, TN 37920

Knox County, USA

Do you have written consent to use this unavailable business name?

☒ Yes ☐ No

Consent From: UT MEDICAL CENTER AT NORTHSORE, LLC - 002135432

Period of Duration:

Perpetual

Will this filing have a delayed effective date?

☐ Yes ☒ No

Nature of Business (NAICS):

622110 - General Medical and Surgical Hospitals

Other Provisions:

(No other provisions)

Do you have additional uploads you would like to attach to this filing?

☒ Yes ☐ No

Registered Agent Information

BENNETT L COX

2121 MEDICAL CENTER WAY STE 330

KNOXVILLE, TN 37920, TN

Member Information

The Limited Liability Company will be: Member Managed

Number of Members at the date of filing: 1

Will this entity be registered as an Obligated Member Entity (OME)

☐ Yes ☒ No

Organizer's Signature

☒ By entering my name in the space provided below, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day.

☒ The undersigned, acting as organizer of the limited liability company under the provisions of the Tennessee Revised Limited Liability Company Act, adopt the above Articles of Organization.

Signed Electronically: BEN L COX

Date: 08/14/2026

Attachment 8A

There is no Management Agreement for this Application

This Instrument Prepared By:
Long, Ragsdale & Waters, P.C.
1111 Northshore Drive, Suite S-700
Knoxville, TN 37919

SPECIAL WARRANTY DEED

THIS INDENTURE, made as of the 20th day of May, 2021, between

NORTHSHORE MARKET INVESTORS, LLC,
a Tennessee limited liability company, Grantor,

and

UNIVERSITY HEALTH SYSTEM, INC.,
a Tennessee non-profit corporation, Grantee

WITNESSETH: that said Grantor, for and in consideration of the sum of ONE AND 00/100 DOLLAR (\$1.00) cash, and other good and valuable consideration, to it in hand paid by Grantee, the receipt of which is hereby acknowledged, has granted, bargained, sold and conveyed, and does hereby grant, bargain, sell and convey unto the said Grantee the following described premises, to wit:

Being a parcel of land situated in Knox County, Tennessee and being more particularly described on Exhibit A attached hereto,

with the hereditaments and appurtenances thereto appertaining, hereby releasing all claims to homestead and dower therein.

TO HAVE AND TO HOLD the said premises to the said Grantee, its successors and assigns forever.

THE PREPARER OF THIS DEED MAKES NO REPRESENTATION AS TO THE STATUS OF THE TITLE TO THE PROPERTY DESCRIBED HEREIN. THIS DEED HAS BEEN PREPARED SOLELY FROM INFORMATION FURNISHED TO THE PREPARER WHO MAKES NO REPRESENTATION OTHER THAN THAT IT HAS BEEN ACCURATELY TRANSCRIBED FROM INFORMATION PROVIDED.

And said Grantor, for itself and its representatives, successors and assigns, does hereby covenant with said Grantee, its representatives, successors and assigns, that Grantor is lawfully seized in fee simple of the premises above conveyed and has full power, authority and right to convey the same, subject to 2021 property taxes which are to be prorated between the parties hereto and which the Grantee herein assumes and agrees to pay, and the matters shown on Exhibit B

attached hereto, and that it will forever warrant and defend the said premises and the title thereto against the lawful claims of all persons claiming by, through or under the Grantor, but no further or otherwise.

Whenever in this instrument a pronoun is used it shall be construed to represent either singular or plural, as the case may demand.

IN WITNESS WHEREOF, the said Grantor has caused this instrument to be executed the day and year first above written.

NORTHSHORE MARKET INVESTORS, LLC

By: James H. Harrison

Print name: James H. Harrison

Its: Manager

STATE OF TENNESSEE
COUNTY OF KNOX

Before me, the undersigned Notary, of the state and county aforementioned, personally appeared James H. Harrison with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself to be Manager of Northshore Market Investors, LLC, the within named bargainor, a Tennessee limited liability company, and that he as such Manager executed the foregoing instrument for the purposes therein contained.

WITNESS my hand and seal this 19th day of May, 2021.

Jennifer McCague
Notary Public

My commission expires: 7-26-23



STATE OF IN
COUNTY OF KNOX

I hereby swear or affirm that the actual consideration or true value of this transfer, whichever is greater, is \$1,500,000.00.

M. H. H. H.
Affiant

Sworn to and subscribed before me, this
20th day of May, 2021.

Robin A. Morgan
Notary Public
My Commission Expires: 2.2.25



SEND TAX BILLS TO: NEW OWNER:

PROPERTY ADDRESS:

University Health System, Inc
2121 Medical Center Way
Suite 330
Knoxville, TN 37920
Attn: Elizabeth D. Sherrod, esq.

0 Thunderhead Road
Knoxville, TN 37922

CLT CODE: 154-09819

EXHIBIT A

Legal Description

SITUATED in the Sixth (6th) Civil District of Knox County, Tennessee, within the 51st Ward of the City of Knoxville, Tennessee, and being all of Lot 8R2, as shown on Final Plat of Resubdivision of Part of Lot 8, Northshore Town Center, Phase III, of record in Instrument 202104280088771 in the Knox County Register of Deeds Office for a more particular description thereof.

TOGETHER WITH AND SUBJECT TO THE RIGHTS OF OTHERS in the Declaration of Easements, Covenants and Restrictions (Northshore Town Center, Phase III) of record in Instrument 201808310014560 in the Knox County Register of Deeds Office.

BEING a portion of property conveyed to Northshore Market Investors, LLC, by Substitute Trustee's Deed from Samma Harper Bromley, Substitute Trustee, dated as of October 9, 2009, filed for record as Instrument No. 200910160027379 in the Knox County Register of Deeds Office.

EXHIBIT B
PERMITTED ENCUMBRANCES

1. Real estate taxes for all subsequent years, the current year's taxes having been previously paid (or paid at closing) and prorated between the parties herein.
2. Subject to all matters shown on the Plats of record as Instrument Number 201106160072277, Instrument Number 200512270054938, and Instrument Number 201808230012549. Register's Office of Knox County, Tennessee.
3. Master Declaration of Covenants, Conditions, restrictions and easements for Northshore Town Center of record in Instrument Number 200512210054271, as amended by Instrument Number 200905060071462, Instrument Number 2010011240032716, as amended by Instrument Number 201011240032714, as amended by Instrument Number 201011240032716, as amended by Instrument Number 201110040018292, as amended by Instrument Number 20121003002219, as amended by Instrument Number 201503040047204, and as amended by Instrument Number 201602220048671, in the Register's Office for Knox County, Tennessee.
4. Grant of Flowage Easement to the United States of America of record in Book 636, Page 213, in the Register's Office for Knox County, Tennessee.
5. Grant of Flowage Easement to the United States of America of record in Book 647, Page 145, in the Register's Office for Knox County, Tennessee.
6. Lack of access to Interstate 140 (Pellissippi Parkway) as a result of rights conveyed to State of Tennessee in Warranty Deed of record in Book 1984, Page 810, in the Register's Office for Knox County, Tennessee.
7. Easement to The First Utility District of Knox County, Tennessee of record in Book 2122, Page 52, in the Register's Office for Knox County, Tennessee.
8. Easement to The First Utility District of Knox County, Tennessee of record in Instrument Number 200203120075183 and Instrument Number 200203120075184, in the Register's Office for Knox County, Tennessee.
9. Covenants for Permanent Maintenance of Stormwater Facilities of record in Instrument Number 200511170044535, in the Register's Office for Knox County, Tennessee.
10. Agreement with the City of Knoxville, Tennessee of record in Instrument Number 200512150052533, in the Register's Office for Knox County, Tennessee.

11. Easement-Including Generators and Fuel Supply Systems with Bellsouth Telecommunications, Inc., a Georgia corporation of record in Instrument Number 2006130104900, in the Register's Office for Knox County, Tennessee.
12. Agreement with the City of Knoxville, Tennessee of record in Instrument Number 200701290061135, in the Register's Office for Knox County, Tennessee.
13. Operation and Easement Agreement between Target Corporation and Northshore Market Investors, LLC of record in Instrument Number 201106160072276, as amended by First Amendment to Operation and Easement Agreement between Target Corporation and Northshore Market Investors, LLC of record in Instrument Number 201312160037266, as amended by Second Amendment to Operation and Easement Agreement between Target Corporation and Northshore Market Investors, LLC of record in Instrument Number 201707310006641, as amended by Third Amendment to Operation and Easement Agreement between Target Corporation and Northshore Market Investors, LLC of record in Instrument Number 201808230012531, and as amended by Fourth Amendment to Operation and Easement Agreement between Target Corporation and Northshore Market Investors, LLC of record in Instrument Number 202003130060780, in the Register's Office for Knox County, Tennessee.
14. Covenants for Permanent Maintenance of Stormwater Facilities of record in Instrument Number 201107110001797, in the Register's Office for Knox County, Tennessee.
15. Declaration of Sign Easement of record in Instrument Number 201110040018296, in the Register's Office for Knox County, Tennessee.
16. Declaration of Covenants and Restrictions of record in Instrument Number 201110040018297, as amended by Corrective Amendment to Declaration of Covenants and Restrictions of record in Instrument Number 201404110058275, and amended by the Amendment to Declaration of Covenants and Restrictions of record in Instrument Number 201910090025008, in the Register's Office for Knox County, Tennessee.
17. Declaration of Permanent Easement for Water Quality Facility and Drainage of record in Instrument Number 201111230028647, in the Register's Office for Knox County, Tennessee.
18. Covenants for Permanent Maintenance of Sidewalk Pedestrian Facilities of record in Instrument Number 201308020008350, in the Register's Office for Knox County, Tennessee.
19. Declaration of Easements, Covenants and Restrictions (Northshore Town Center Phase II) of record in Instrument Number 201407110002290, in the Register's Office for Knox County, Tennessee.

20. Declaration of Easements, Covenants and Restrictions of record in Instrument Number 201808310014560, in the Register's Office for Knox County, Tennessee.

21. Utility Easement with the First Utility District of Knox County, Tennessee of record in Instrument Number 202003230062994, in the Register's Office for Knox County, Tennessee.

22. Subject to all matters shown on the Plat of record as Instrument Number 202104280088771, Register's Office for Knox County, Tennessee. (Final Plat of Resubdivision of Part of Lot 8, Northshore Town Center Phase III).

23. Subject to all matters shown on the Plat of record as Instrument Number 202104270088693, Register's Office for Knox County, Tennessee. (Final Plat of Beau Monde, Phase V).

This Instrument Prepared By:
Long, Ragsdale & Waters, P.C.
1111 Northshore Drive, Suite S-700
Knoxville, TN 37919

Nick McBride
Register of Deeds
Knox County

SPECIAL WARRANTY DEED

THIS INDENTURE, made as of the 22 day of NOVEMBER, 2022, between

NORTHSHORE MARKET INVESTORS, LLC,
a Tennessee limited liability company, Grantor,

and

UNIVERSITY HEALTH SYSTEM, INC.,
a Tennessee non-profit corporation, Grantee

Knox County, TN Page: 1 of 7
REC'D FOR REC 11/23/2022 10:02 AM
RECORD FEE: \$38.00 T20220057963
M. TAX: \$0.00 T. TAX: \$5,846.00
202211230031037

WITNESSETH: that said Grantor, for and in consideration of the sum of ONE AND 00/100 DOLLAR (\$1.00) cash, and other good and valuable consideration, to it in hand paid by Grantee, the receipt of which is hereby acknowledged, has granted, bargained, sold and conveyed, and does hereby grant, bargain, sell and convey unto the said Grantee the following described premises, to wit:

Being a parcel of land situated in Knox County, Tennessee and being more particularly described on Exhibit A attached hereto,

with the hereditaments and appurtenances thereto appertaining, hereby releasing all claims to homestead and dower therein.

TO HAVE AND TO HOLD the said premises to the said Grantee, its successors and assigns forever.

THE PREPARER OF THIS DEED MAKES NO REPRESENTATION AS TO THE STATUS OF THE TITLE TO THE PROPERTY DESCRIBED HEREIN. THIS DEED HAS BEEN PREPARED SOLELY FROM INFORMATION FURNISHED TO THE PREPARER WHO MAKES NO REPRESENTATION OTHER THAN THAT IT HAS BEEN ACCURATELY TRANSCRIBED FROM INFORMATION PROVIDED.

And said Grantor, for itself and its representatives, successors and assigns, does hereby covenant with said Grantee, its representatives, successors and assigns, that Grantor is lawfully seized in fee simple of the premises above conveyed and has full power, authority and right to convey the same, subject to 2021 property taxes which are to be prorated between the parties hereto and which the Grantee herein assumes and agrees to pay, and the matters shown on Exhibit B

attached hereto, and that it will forever warrant and defend the said premises and the title thereto against the lawful claims of all persons claiming by, through or under the Grantor, but no further or otherwise.

Whenever in this instrument a pronoun is used it shall be construed to represent either singular or plural, as the case may demand.

IN WITNESS WHEREOF, the said Grantor has caused this instrument to be executed the day and year first above written.

NORTHSHORE MARKET INVESTORS, LLC

By: James H. Harrison

Print name: James H. Harrison

Its: Manager

STATE OF TENNESSEE
COUNTY OF KNOX

Before me, the undersigned Notary, of the state and county aforementioned, personally appeared James H. Harrison with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself to be Manager of Northshore Market Investors, LLC, the within named bargainor, a Tennessee limited liability company, and that he as such Manager executed the foregoing instrument for the purposes therein contained.

WITNESS my hand and seal this 21st day of November, 2022.

Justin B. Lawson
Notary Public

My commission expires: 7-1-2024



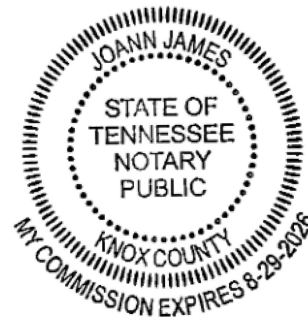
STATE OF TENNESSEE
COUNTY OF KNOX

I hereby swear or affirm that the actual consideration or true value of this transfer, whichever is greater, is \$1,580,000.00.

John D. Morgan
Affiant

Sworn to and subscribed before me, this
22 day of Nov., 2022.

Joann James
Notary Public
My Commission Expires: 08-29-2026



SEND TAX BILLS TO: owner

University Health System, Inc
2121 Medical Center Way
Suite 330
Knoxville, TN 37920
Attn: General Counsel

CLT CODE: 154-098.17 (part of)

PROPERTY ADDRESS:

Thunderhead Road (Lot 8R-4)
Northshore Town Center
Knoxville, TN 37922

EXHIBIT A

Legal Description

SITUATED in the Sixth (6th) Civil District of Knox County, Tennessee, within the 51st Ward of the City of Knoxville, Tennessee, and being all of Lot 8R4, as shown on Final Plat of Resubdivision of Part of Lot 8, Northshore Town Center, Phase III, of record in Instrument 202211090028149 in the Knox County Register of Deeds Office for a more particular description thereof.

TOGETHER WITH AND SUBJECT TO THE RIGHTS OF OTHERS in the Declaration of Easements, Covenants and Restrictions (Northshore Town Center, Phase III) of record in Instrument Number 201808310014560 as Amended by the First Amendment to Declaration of Easements, Covenants and Restrictions (Northshore Town Center, Phase III) of record in Instrument Number 202211070027695, both in the Knox County Register of Deeds Office.

BEING a portion of property conveyed to Northshore Market Investors, LLC, by Substitute Trustee's Deed from Samma Harper Bromley, Substitute Trustee, dated as of October 9, 2009, filed for record as Instrument No. 200910160027379 in the Knox County Register of Deeds Office.

EXHIBIT B
PERMITTED ENCUMBRANCES

1. Real estate taxes for all subsequent years, the current year's taxes (2022) having been previously paid (or paid at closing) and prorated between the parties herein.
2. Subject to all matters shown on the Plats of record as Instrument Number 201106160072277, Instrument Number 201808230012549, Instrument Number 202104280088771, and Instrument 202211090028149, Register's Office of Knox County, Tennessee.
3. Grant of Flowage Easement to the United States of America of record in Book 636, Page 213, in the Register's Office for Knox County, Tennessee.
4. Grant of Flowage Easement to the United States of America of record in Book 647, Page 145, in the Register's Office for Knox County, Tennessee.
5. All matters contained in Deed of record in Book 1984, Page 810, in the Register's Office of Knox County, Tennessee.
6. Easement to The First Utility District of Knox County, Tennessee of record in Instrument Number 200203120075183 and Instrument Number 200203120075184, in the Register's Office for Knox County, Tennessee.
7. Covenants for Permanent Maintenance of Stormwater Facilities of record in Instrument Number 200511170044535, in the Register's Office for Knox County, Tennessee.
8. Agreement with the City of Knoxville, Tennessee of record in Instrument Number 200512150052533, in the Register's Office for Knox County, Tennessee.
9. Master Declaration of Covenants, Conditions, restrictions and easements for Northshore Town Center of record in Instrument Number 200512210054271, as amended by Instrument Number 200905060071462, Instrument Number 2010011240032716, as amended by Instrument Number 201011240032714, as amended by Instrument Number 201011240032716, as amended by Instrument Number 201110040018292, as amended by Instrument Number 20121003002219, as amended by Instrument Number 201503040047204, and as amended by Instrument Number 201602220048671, in the Register's Office for Knox County, Tennessee.
10. Declaration of Covenants, Conditions, Restrictions and Easements for Beau Monde at Northshore, by Knoxvest, LLC (a Georgia limited liability company), of record in Instrument No. 200604280090178 as amended in Instrument Nos. 200608210015650,

200610250035840, 200703130074376, 200703130074377, 201011240032712, 201011240032713, 201011240032714, 201108160008711, 201503040047204, 201503040047205, 201602220048671, 202105190095553, and 202105190095555, in the Register's Office of Knox County, Tennessee.

11. Easement-Including Generators and Fuel Supply Systems with Bellsouth Telecommunications, Inc., a Georgia corporation of record in Instrument Number 2006130104900, in the Register's Office for Knox County, Tennessee.

12. Agreement with the City of Knoxville, Tennessee of record in Instrument Number 200701290061135, in the Register's Office for Knox County, Tennessee.

13. Declaration of Easements, Covenants and Restrictions for the School at Northshore Town Center, by Northshore Market Investors, LLC, a Tennessee limited liability company, of record in Instrument No. 201011240032716, in the Register's Office of Knox County, Tennessee.

14. Operation and Easement Agreement between Target Corporation and Northshore Market Investors, LLC of record in Instrument Number 201106160072276, as amended by First Amendment to Operation and Easement Agreement between Target Corporation and Northshore Market Investors, LLC of record in Instrument Number 201312160037266, as amended by Second Amendment to Operation and Easement Agreement between Target Corporation and Northshore Market Investors, LLC of record in Instrument Number 201707310006641, as amended by Third Amendment to Operation and Easement Agreement between Target Corporation and Northshore Market Investors, LLC of record in Instrument Number 201808230012531, and as amended by Fourth Amendment to Operation and Easement Agreement between Target Corporation and Northshore Market Investors, LLC of record in Instrument Number 202003130060780, in the Register's Office for Knox County, Tennessee.

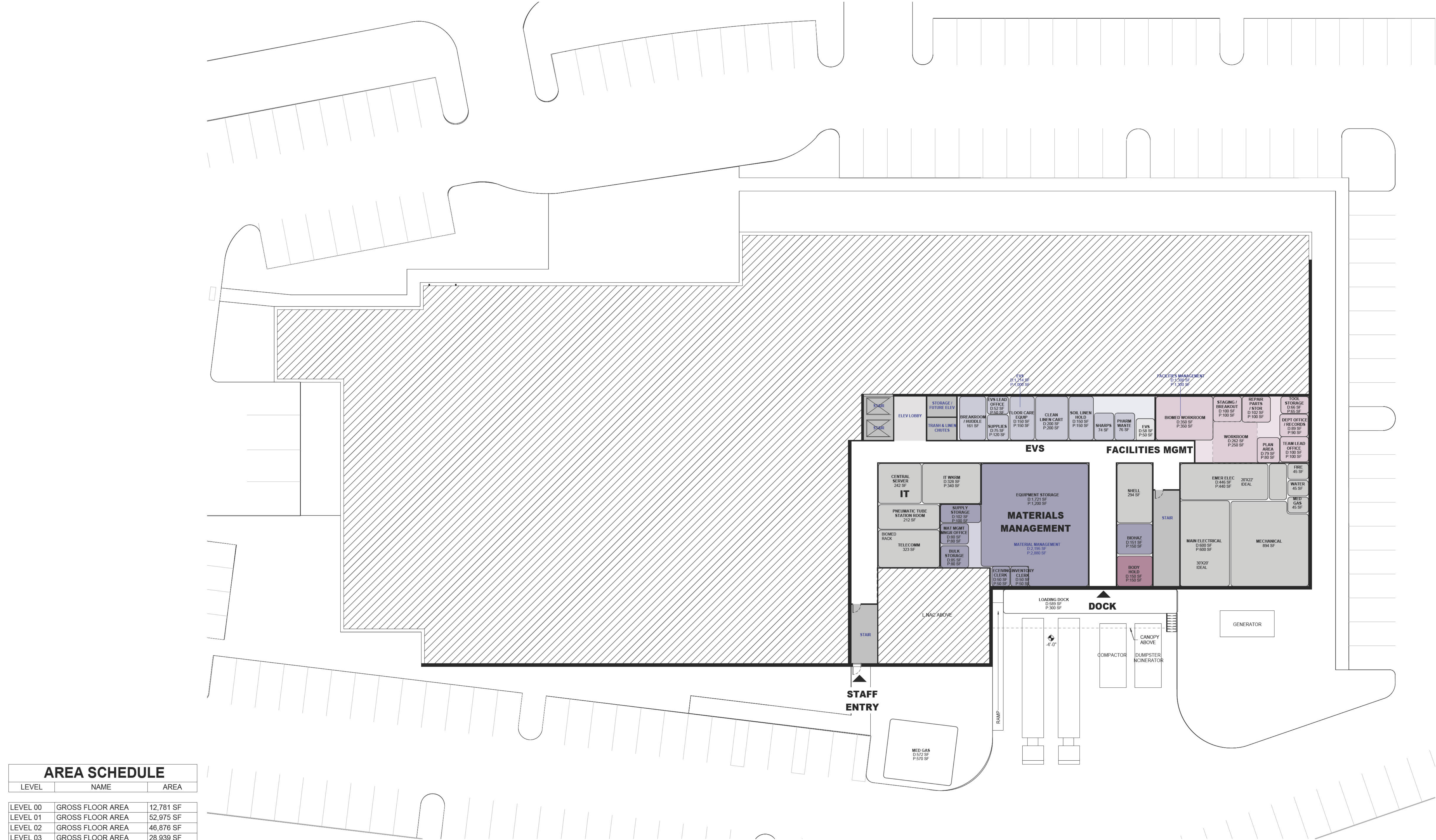
15. Covenants for Permanent Maintenance of Stormwater Facilities of record in Instrument Number 201107110001797, in the Register's Office for Knox County, Tennessee.

16. Declaration of Sign Easement of record in Instrument Number 201110040018296, in the Register's Office for Knox County, Tennessee.

17. Declaration of Covenants and Restrictions of record in Instrument Number 201110040018297, as amended by Corrective Amendment to Declaration of Covenants and Restrictions of record in Instrument Number 201404110058275, and amended by the Amendment to Declaration of Covenants and Restrictions of record in Instrument Number 201910090025008, in the Register's Office for Knox County, Tennessee.

18. Declaration of Sign Easement, by and between Northshore Market Investors, LLC, a Tennessee limited liability company and Sansone Bros. Northshore, LLC, a Missouri limited liability company, of record in Instrument No. 201308300015012, in the Register's Office of Knox County, Tennessee.
19. Declaration of Easements, Covenants and Restrictions (Northshore Town Center Phase II) of record in Instrument Number 201407110002290, as amended by Instrument Number 202111240042570, both in the Register's Office for Knox County, Tennessee.
20. Declaration of Easements, Covenants and Restrictions (Northshore Town Center, Phase III) of record in Instrument Number 201808310014560 as Amended by the First Amendment to Declaration of Easements, Covenants and Restrictions (Northshore Town Center, Phase III) of record in Instrument Number 202211070027695, both in the Knox County Register of Deeds Office.
21. Declaration of Covenants and Restrictions, by and between Northshore Market Investors, LLC, a Tennessee limited liability company and Chick-Fil-A, Inc., a Georgia corporation, of record in Instrument No. 201811260032504, in the Register's Office of Knox County, Tennessee.

AREA SCHEDULE		
LEVEL	NAME	AREA
LEVEL 00	GROSS FLOOR AREA	12,781 SF
LEVEL 01	GROSS FLOOR AREA	52,975 SF
LEVEL 02	GROSS FLOOR AREA	46,876 SF
LEVEL 03	GROSS FLOOR AREA	28,939 SF
LEVEL 04	GROSS FLOOR AREA	28,939 SF
LEVEL 05	GROSS FLOOR AREA	658 SF
		171,168 SF

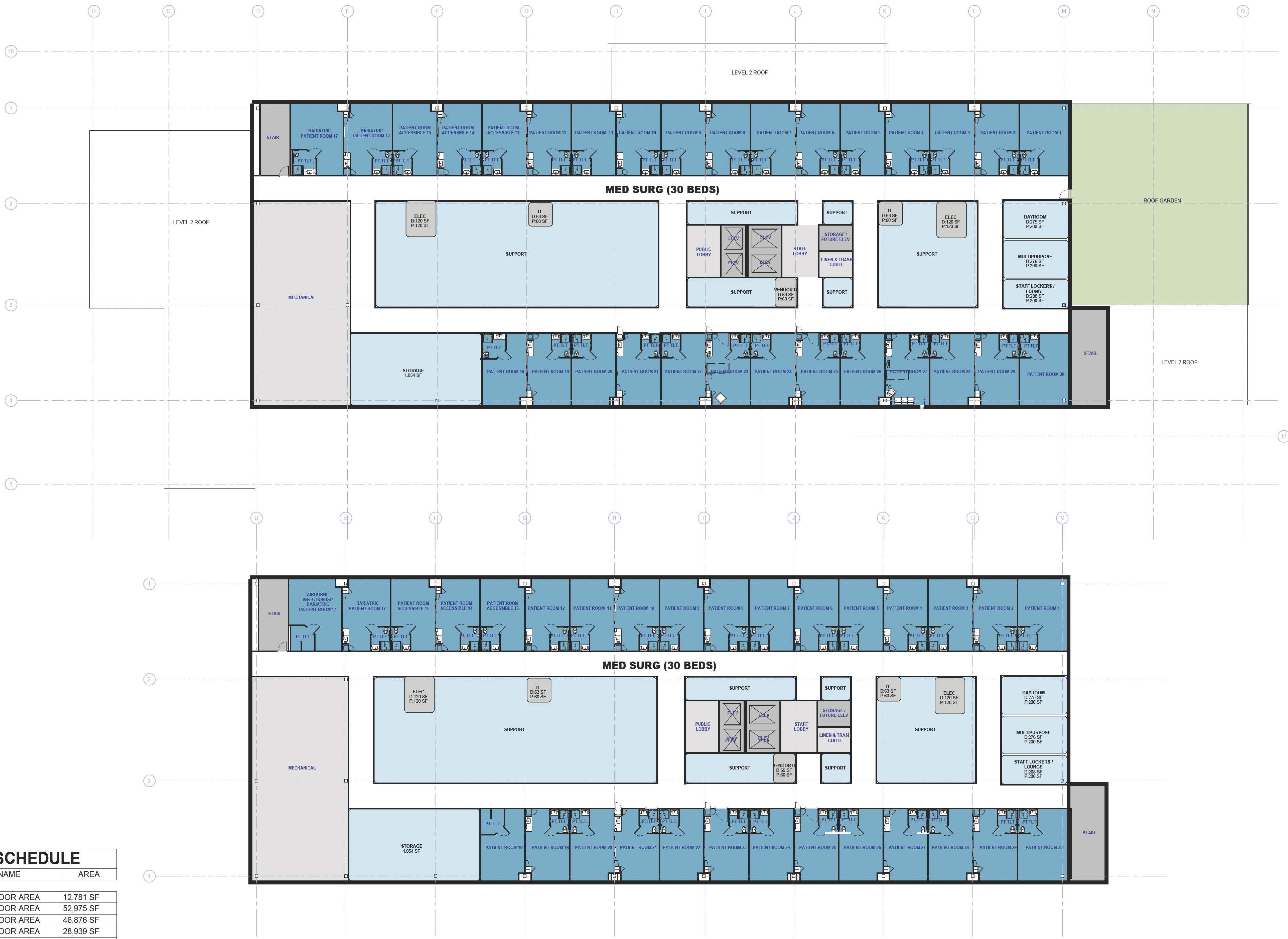


AREA SCHEDULE		
LEVEL	NAME	AREA
LEVEL 00	GROSS FLOOR AREA	12,781 SF
LEVEL 01	GROSS FLOOR AREA	52,975 SF
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LEVEL 05	GROSS FLOOR AREA	658 SF
		171,168 SF





AREA SCHEDULE		
LEVEL	NAME	AREA
LEVEL 00	GROSS FLOOR AREA	12,781 SF
LEVEL 01	GROSS FLOOR AREA	52,975 SF
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LEVEL 03	GROSS FLOOR AREA	28,939 SF
LEVEL 04	GROSS FLOOR AREA	28,939 SF
LEVEL 05	GROSS FLOOR AREA	658 SF
		171,168 SF



AREA SCHEDULE		
LEVEL	NAME	AREA
LEVEL 00	GROSS FLOOR AREA	12,781 SF
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LEVEL 03	GROSS FLOOR AREA	28,939 SF
LEVEL 04	GROSS FLOOR AREA	28,939 SF
LEVEL 05	GROSS FLOOR AREA	658 SF
		171,168 SF

NOTES TO USERS

This map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. The community map repository should be consulted for possible updated or additional flood hazard information.

To obtain more detailed information in areas where **Base Flood Elevations** (BFEs) and/or **floodways** have been determined, users are encouraged to consult the Flood Profiles, Floodway Data and/or Summary of Stillwater Elevations tables contained within the Flood Insurance Study (FIS) report that accompanies this FIRM. Users should be aware that BFEs shown on the FIRM represent rounded whole-foot elevations. These BFEs are intended for flood insurance rating purposes only and should not be used as the sole source of flood elevation information. Accordingly, flood elevation data presented in the FIS report should be utilized in conjunction with the FIRM for purposes of construction and/or floodplain management.

Coastal Base Flood Elevations shown on this map apply only landward of 0.0 North American Vertical Datum of 1988 (NAVD 88). Users of this FIRM should be aware that coastal flood elevations are also provided in the Summary of Stillwater Elevations tables in the Flood Insurance Study report for this jurisdiction. Elevations shown in the Summary of Stillwater Elevations table should be used for construction and/or floodplain management purposes when they are higher than the elevations shown on this FIRM.

Boundaries of the **floodways** were computed at cross sections and interpolated between cross sections. The floodways were based on hydraulic considerations with regard to requirements of the National Flood Insurance Program. Floodway widths and other pertinent floodway data are provided in the Flood Insurance Study report for this jurisdiction.

Certain areas not in Special Flood Hazard Areas may be protected by **flood control structures**. Refer to Section 2.4 "Flood Protection Measures" of the Flood Insurance Study report for information on flood control structures in this jurisdiction.

The **projection** used in the preparation of this map was Universal Transverse Mercator (UTM) zone 16. The **horizontal datum** was NAD 83, GRS80 spheroid. Differences in datum, spheroid, projection or UTM zones used in the production of FIRMs for adjacent jurisdictions may result in slight positional differences in map features across jurisdiction boundaries. These differences do not affect the accuracy of this FIRM.

Flood elevations on this map are referenced to the North American Vertical Datum of 1988. These flood elevations must be compared to structure and ground elevations referenced to the same **vertical datum**. For information regarding conversion between the National Geodetic Vertical Datum of 1929 and the North American Vertical Datum of 1988, visit the National Geodetic Survey website at <http://www.ngs.noaa.gov> or contact the National Geodetic Survey at the following address:

Spatial Reference System Division
National Geodetic Survey, NOAA
Silver Spring Metro Center
1315 East-West Highway
Silver Spring, Maryland 20910
(301) 713-3191

To obtain current elevation, description, and/or location information for **bench marks** shown on this map, please contact the Information Services Branch of the National Geodetic Survey at (301) 713-3242, or visit their website at <http://www.ngs.noaa.gov>.

Base map information shown on this FIRM was provided in digital format by the Knoxville - Knox County - Knoxville Utilities Board Geographic Information Systems (KGIS). This information was compiled at scales of 1:1,200 and 1:2,400 from digital orthophotography dated 1985 to 2001.

This map reflects more detailed and up-to-date **stream channel configurations** than those shown on the previous FIRM for this jurisdiction. The floodplains and floodways that were transferred from the previous FIRM may have been adjusted to conform to these new stream channel configurations. As a result, the Flood Profiles and Floodway Data tables in the Flood Insurance Study report (which contains authoritative hydraulic data) may reflect stream channel distances that differ from what is shown on this map.

Corporate limits shown on this map are based on the best data available at the time of publication. Because changes due to annexations or de-annexations may have occurred after this map was published, map users should contact appropriate community officials to verify current corporate limit locations.

Please refer to the separately printed **Map Index** for an overview map of the county showing the layout of map panels; community map repository addresses; and a Listing of Communities table containing National Flood Insurance Program dates for each community as well as a listing of the panels on which each community is located.

Contact the **FEMA Map Service Center** at 1-800-358-9818 for information on available products associated with this FIRM. Available products may include previously issued Letters of Map Change, a Flood Insurance Study report, and/or digital versions of this map. The FEMA Map Service Center may also be reached by Fax at 1-800-358-9820 and their website at <http://www.msc.fema.gov>.

If you have **questions about this map** or questions concerning the National Flood Insurance Program, in general, please call 1-877-FEMA MAP (1-877-336-2627) or visit the FEMA website at <http://www.fema.gov>.



LEGEND

SPECIAL FLOOD HAZARD AREAS (SFHAs) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equalled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V, and VE. The Base Flood Elevation is the water-surface elevation of the 1% annual chance flood.

- ZONE A** No Base Flood Elevations determined.
- ZONE AE** Base Flood Elevations determined.
- ZONE AH** Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.
- ZONE AO** Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
- ZONE AR** Special Flood Hazard Area formerly protected from the 1% annual chance flood by a flood control system that was subsequently decertified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
- ZONE A99** Area to be protected from 1% annual chance flood by a Federal flood protection system under construction; no Base Flood Elevations determined.
- ZONE V** Coastal flood zone with velocity hazard (wave action); no Base Flood Elevations determined.
- ZONE VE** Coastal flood zone with velocity hazard (wave action); Base Flood Elevations determined.

FLOODWAY AREAS IN ZONE AE

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encroachment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

OTHER FLOOD AREAS

ZONE X Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 1% annual chance flood.

OTHER AREAS

ZONE D Areas determined to be outside the 0.2% annual chance floodplain. Areas in which flood hazards are undetermined, but possible.

COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

OTHERWISE PROTECTED AREAS (OPAs)

CBRS areas and OPAs are normally located within or adjacent to Special Flood Hazard Areas.

- Floodplain boundary
- Floodway boundary
- Zone D boundary
- CBRS and OPA boundary
- Boundary dividing Special Flood Hazard Area Zones and boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.
- Base Flood Elevation line and value; elevation in feet*
- Base Flood Elevation value where uniform within zone; elevation in feet*

*Referenced to the North American Vertical Datum of 1988

Cross section line

Transect line

Geographic coordinates referenced to the North American Datum of 1983 (NAD 83), Western Hemisphere

1000-meter Universal Transverse Mercator grid values, zone 16

5000-foot grid values; Tennessee State Plane coordinate system, (FIPSZONE 4100), Lambert Conformal Conic projection.

Bench mark (see explanation in Notes to Users section of this FIRM panel)

River Mile

MAP REPOSITORY

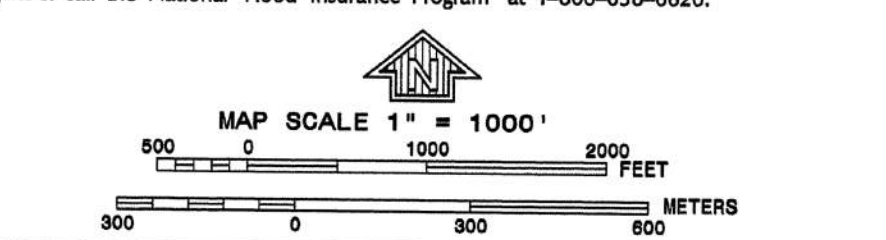
Refer to listing of Map Repositories on Map Index

EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP

EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL

For community map revision history prior to countywide mapping, refer to the Community Map History table located in the Flood Insurance Study report for this jurisdiction.

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.



NFIP

PANEL 0380F

FIRM
FLOOD INSURANCE RATE MAP
KNOX COUNTY,
TENNESSEE
AND INCORPORATED AREAS

PANEL 380 OF 430

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
KNOX COUNTY	475433	0380	F
KNOXVILLE, CITY OF	475434	0380	F

Notes to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.

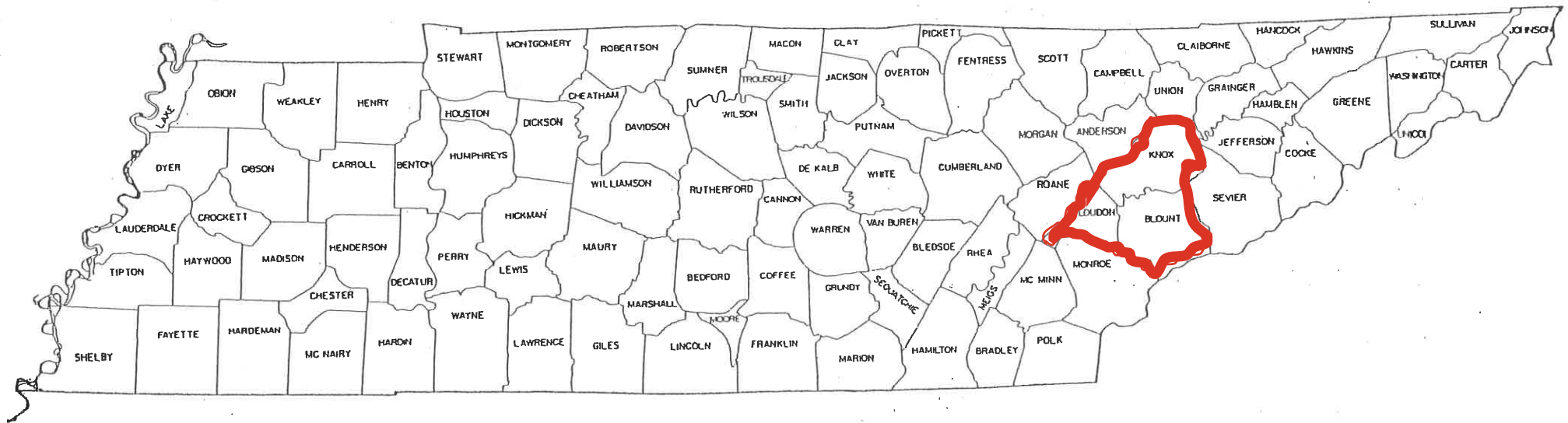


MAP NUMBER
47093C0380F

EFFECTIVE DATE
MAY 2, 2007

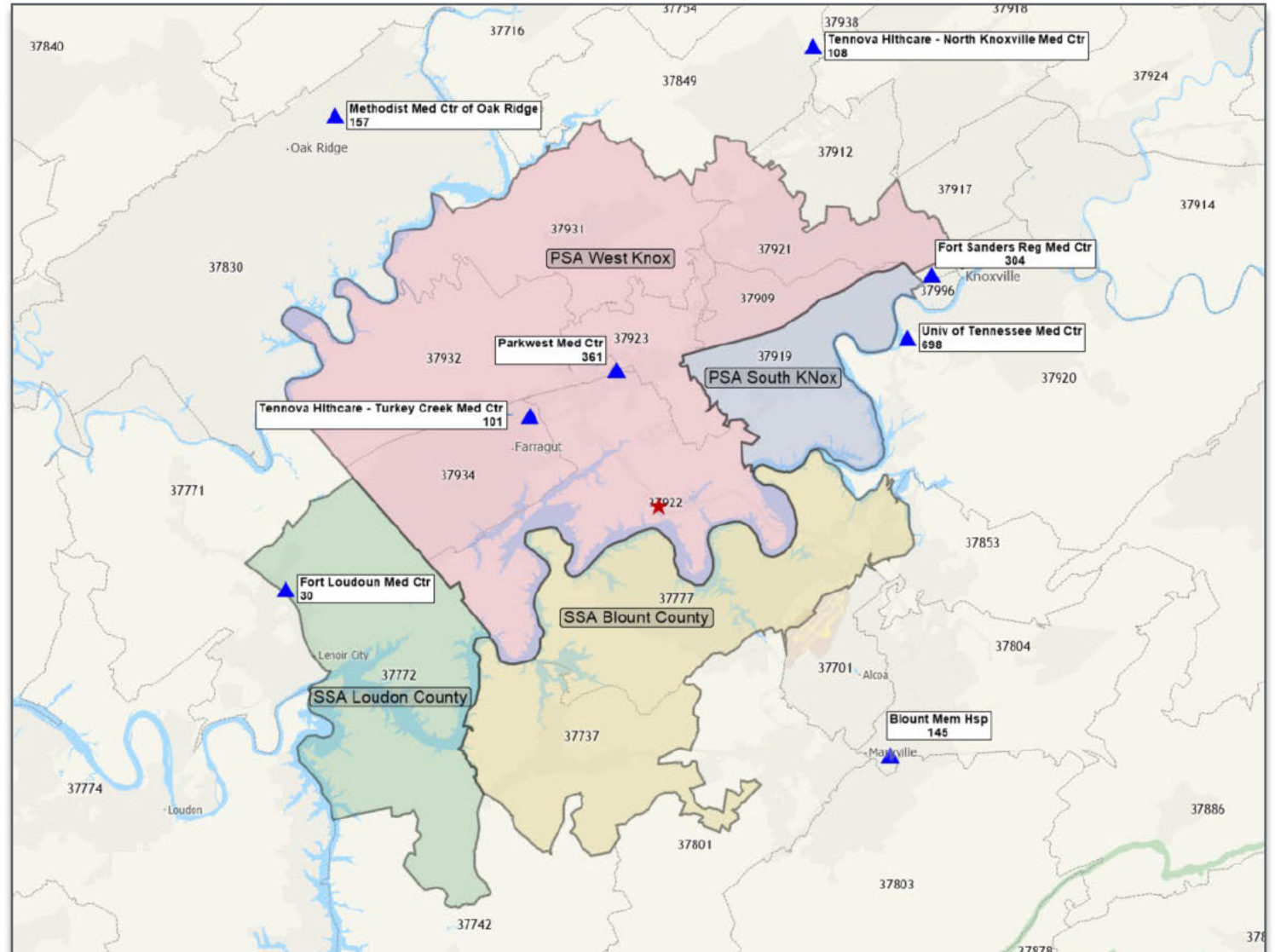
Federal Emergency Management Agency

Proposed Service Area for UT Medical Center at Northshore



UTMC Northshore Service Area

Zips	Service Area
37909	PSA West Knox
37919	PSA South KNOX
37921	PSA West Knox
37922	PSA West Knox
37923	PSA West Knox
37931	PSA West Knox
37932	PSA West Knox
37934	PSA West Knox
37772	SSA Loudon County
37737	SSA Blount County
37777	SSA Blount County



UTMC PATIENTS FROM PSA ZIP CODES - 2025

ZIP Code	UTMC Utilization
37737	0.6%
37772	0.7%
37777	1.3%
37909	1.3%
37919	2.8%
37921	3.1%
37922	2.1%
37923	1.8%
37931	2.0%
37932	1.3%
37934	1.1%
TOTAL	18.0%

Demographic Variable/ Geographic Area	BOYD CENTER POPULATION PROJECTIONS - TARGET POP. 20+*							BUREAU OF THE CENSUS			TENNCARE	
	Total Population-Current Year (2026)	Total Population-Project Year (2030)	Total Population-% Change	*Target Population-(20+) Current Year (2026)	*Target Population- (20+) Project Year (2030)	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level**	Person Below Poverty Level as % of Total	TennCare Enrollees TennCare Enrollees as % of Total
Knox County	513,098	530,212	3.34%	393,664	407,491	3.51%	77%	N/A	\$74,222	65,677	12.8%	74,393
Blount County	145,681	150,249	3.14%	114,345	118,067	3.26%	79%	N/A	\$77,365	13,403	9.2%	19,974
Loudon County	62,623	65,897	5.23%	50,433	53,099	5.29%	81%	N/A	\$84,185	5,636	9.0%	9,367
PSA Counties Total	721,402	746,358	3.46%	558,442	578,657	3.62%	78%	N/A	\$78,591	74,545	10.3%	103,734
State of TN Total	7,300,003	7,513,757	2.93%	5,517,062	5,705,973	3.42%	76%	N/A	\$69,595	992,800	13.6%	1,365,454

*Boyd Center Population Projections site does not provide for an 18+ age bracket

Demographic Variable/ Geographic Area	BOYD CENTER POPULATION PROJECTIONS - TARGET POP. 65+						
	Total Population- Current Year (2026)	Total Population-Project Year (2030)	Total Population-% Change	*Target Population-(65+) Current Year (2026)	*Target Population- (65+) Project Year (2030)	*Target Population-% Change	Target Population Projected Year as % of Total
Knox County	513,098	530,212	3.34%	89,466	94,857	6.03%	18%
Blount County	145,681	150,249	3.14%	33,164	35,647	7.49%	24%
Loudon County	62,623	65,897	5.23%	18,750	20,518	9.43%	31%
PSA Counties Total	721,402	746,358	3.46%	141,380	151,022	6.82%	20%
State of TN Total	7,300,003	7,513,757	2.93%	1,341,011	1,426,064	6.34%	19%

PSA POPULATION AND GROWTH RATE			
PSA Zip Code	Population (2026)	Projected Population (2030)	4 Year Growth Rate
37909 (Knox Co.)	16,174	16,671	3.1%
37919 (Knox Co.)	32,001	33,378	4.3%
37921 (Knox Co.)	30,026	31,210	3.9%
37922 (Knox Co.)	43,437	46,437	6.9%
37923 (Knox Co.)	31,281	32,667	4.4%
37931 (Knox Co.)	35,238	37,113	5.3%
37932 (Knox Co.)	26,628	29,255	9.9%
37934 (Knox Co.)	29,106	30,254	3.9%
37772 (Loudon Co.)	15,863	17,496	10.3%
37737 (Blount Co.)	6,936	7,425	7.1%
37777 (Blount Co.)	13,002	13,759	5.8%
Total	279,692	295,665	5.7%
Source: Claritas			

POPULATION GROWTH - PSA , PSA COUNTIES, AND STATE OF TENNESSEE			
Geographic Area	2026 Population	2030 Population	4 yearGrowth Rate
PSA (11 Zip Codes)*	279,692	295,665	5.70%
PSA Counties (Knox, Blount, Loudon)**	741,402	746,538	3.50%
State of Tennessee**	7,300,003	7,513,757	2.90%
*Source Claritas; all ages ages 20+		**Source Boyd Center;	

INPATIENT UTILIZATION OF GENERAL ACUTE CARE HOSPITALS IN PSA WITH OBSERVATION DAYS - 2024

Hospital	County	Utilization Metric	Admissions/Discharges	Patient Days/Discharge Days	ALOS (Not including Observation Days)	Number of Observation Pts.	Observation Days	Total Occupied Bed Days	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
Prisma Health Blount Memorial Hospital	Blount	Discharges	8863	35585	4.0	3011	4204	39789	304	146	110960	53290	36%	75%
Fort Sanders Regional Medical Center	Knox	Discharges	20748	92572	4.5	3451	7943	100515	444	336	162060	122640	62%	82%
The University of Tennessee Medical Center	Knox	Admissions	33516	193245	5.8	10257	23186	216431	710	710	259150	259150	84%	84%
Parkwest Medical Center	Knox	Discharges	18210	82292	4.5	3417	9157	91449	337	307	123005	112055	74%	82%
Tennova Healthcare Turkey Creek Medical Center	Knox	Discharges	7771	32551	4.2	1335	1328	33879	131	131	47815	47815	71%	71%
Tennova Healthcare - North Knoxville	Knox	Discharges	9671	44433	4.6	2999	3852	48285	172	172	62780	62780	77%	77%
Fort Loudoun Medical Center	Loudon	Discharges	2085	8635	4.1	1186	2588	11223	50	30	18250	10950	61%	102%
Total/Average			100864	489313	4.9	25656	52258	541571	2148	1832	784020	668680	69%	81%

INPATIENT UTILIZATION OF GENERAL ACUTE CARE HOSPITALS IN PSA WITHOUT OBSERVATION DAYS - 2024

Hospital	County	Utilization Metric	Admissions/Discharges	Patient Days/Discharge Days	ALOS (Not including Observation Days)	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
Prisma Health Blount Memorial Hospital	Blount	Discharges	8863	35585	4.0	304	146	110960	53290	32%	67%
Fort Sanders Regional Medical Center	Knox	Discharges	20748	92572	4.5	444	336	162060	122640	57%	75%
The University of Tennessee Medical Center	Knox	Admissions	33516	193245	5.8	710	710	259150	259150	75%	75%
Parkwest Medical Center	Knox	Discharges	18210	82292	4.5	337	307	123005	112055	67%	73%
Tennova Healthcare Turkey Creek Medical Center	Knox	Discharges	7771	32551	4.2	131	131	47815	47815	68%	68%
Tennova Healthcare - North Knoxville	Knox	Discharges	9671	44433	4.6	172	172	62780	62780	71%	71%
Fort Loudoun Medical Center	Loudon	Discharges	2085	8635	4.1	50	30	18250	10950	47%	79%
Total/Average			100864	489313	4.9	2148	1832	784020	668680	62%	73%

INPATIENT UTILIZATION OF GENERAL ACUTE CARE HOSPITALS IN PSA WITH OBSERVATION DAYS - 2023														
Hospital	County	Utilization Metric	Admissions/Discharges	Patient Days/Discharge Days	ALOS (Not including Observation Days)	Number of Observation Pts.	Observation Days	Total Occupied Bed Days	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
Prisma Health Blount Memorial Hospital	Blount	Discharges	8351	34014	4.1	3264	4111	38125	304	146	110960	53290	34%	72%
Fort Sanders Regional Medical Center	Knox	Discharges	20072	90914	4.5	3271	5755	96669	444	341	162060	124465	60%	78%
The University of Tennessee Medical Center	Knox	Admissions	31699	188443	5.9	10813	21333	209776	710	710	259150	259150	81%	81%
Parkwest Medical Center	Knox	Discharges	17673	77416	4.4	3428	6746	84162	337	319	123005	116435	68%	72%
Tennova Healthcare Turkey Creek Medical Center	Knox	Discharges	7122	31370	4.4	3226	2233	33603	111	111	40515	40515	83%	83%
Tennova Healthcare - North Knoxville	Knox	Discharges	7441	35713	4.8	3179	3277	38990	116	116	42340	42340	92%	92%
Fort Loudoun Medical Center	Loudon	Discharges	2268	10126	4.5	998	1572	11698	50	30	18250	10950	64%	107%
Total/Average			94626	467996	4.9	28179	45027	513023	2072	1773	756280	647145	68%	79%

INPATIENT UTILIZATION OF GENERAL ACUTE CARE HOSPITALS IN PSA WITHOUT OBSERVATION DAYS - 2023												
Hospital	County	Utilization Metric	Admissions/Discharges	Patient Days/Discharge Days	ALOS (Not including Observation Days)	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy	
Prisma Health Blount Memorial Hospital	Blount	Discharges	8351	34014	4.1	304	146	110960	53290	31%	64%	
Fort Sanders Regional Medical Center	Knox	Discharges	20072	90914	4.5	444	341	162060	124465	56%	73%	
The University of Tennessee Medical Center	Knox	Admissions	31699	188443	5.9	710	710	259150	259150	73%	73%	
Parkwest Medical Center	Knox	Discharges	17673	77416	4.4	337	319	123005	116435	63%	66%	
Tennova Healthcare Turkey Creek Medical Center	Knox	Discharges	7122	31370	4.4	111	111	40515	40515	77%	77%	
Tennova Healthcare - North Knoxville	Knox	Discharges	7441	35713	4.8	116	116	42340	42340	84%	84%	
Fort Loudoun Medical Center	Loudon	Discharges	2268	10126	4.5	50	30	18250	10950	55%	92%	
Total/Average			94626	467996	4.9	2072	1773	756280	647145	62%	72%	

INPATIENT UTILIZATION OF GENERAL ACUTE CARE HOSPITALS IN PSA WITH OBSERVATION DAYS - 2022														
Hospital	County	Utilization Metric	Admissions/Discharges	Patient Days/Discharge Days	ALOS (Not including Observation Days)	Number of Observation Pts.	Observation Days	Total Occupied Bed Days	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
Prisma Health Blount Memorial Hospital	Blount	Discharges	1566	8848	5.7	2716	3211	12059	304	146	110960	53290	11%	23%
Fort Sanders Regional Medical Center	Knox	Discharges	19449	96595	5.0	2806	4877	101472	517	358	188705	130670	54%	78%
The University of Tennessee Medical Center	Knox	Admissions	30086	186337	6.2	16582	22323	208660	710	710	259150	259150	81%	81%
Parkwest Medical Center	Knox	Discharges	16383	75908	4.6	3345	6345	82253	337	293	123005	106945	67%	77%
Tennova Healthcare Turkey Creek Medical Center	Knox	Discharges	6683	31459	4.7	1431	1488	32947	111	111	40515	40515	81%	81%
Tennova Healthcare - North Knoxville	Knox	Discharges	7027	37689	5.4	661	1960	39649	116	116	42340	42340	94%	94%
Fort Loudoun Medical Center	Loudon	Discharges	2212	10309	4.7	899	1528	11837	50	30	18250	10950	65%	108%
Total/Average			83406	447145	5.4	28440	41732	488877	2145	1764	782925	643860	62%	76%

INPATIENT UTILIZATION OF GENERAL ACUTE CARE HOSPITALS IN PSA WITHOUT OBSERVATION DAYS - 2022											
Hospital	County	Utilization Metric	Admissions/D ischarges	Patient Days/ Discharge Days	ALOS (Not including Observation Days)	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
Prisma Health Blount Memorial Hospital	Blount	Discharges	1566	8848	5.7	304	146	110960	53290	8%	17%
Fort Sanders Regional Medical Center	Knox	Discharges	19449	96595	5.0	517	358	188705	130670	51%	74%
The University of Tennessee Medical Center	Knox	Admissions	30086	186337	6.2	710	710	259150	259150	72%	72%
Parkwest Medical Center	Knox	Discharges	16383	75908	4.6	337	293	123005	106945	62%	71%
Tennova Healthcare Turkey Creek Medical Center	Knox	Discharges	6683	31459	4.7	111	111	40515	40515	78%	78%
Tennova Healthcare - North Knoxville	Knox	Discharges	7027	37689	5.4	116	116	42340	42340	89%	89%
Fort Loudoun Medical Center	Loudon	Discharges	2212	10309	4.7	50	30	18250	10950	56%	94%
Total/Average			83406	447145	5.4	2145	1764	782925	643860	57%	69%

THE UNIVERSITY OF TENNESSEE MEDICAL CENTER - PROJECTED UTILIZATION 2030-2032 - WITH OBS. PATIENTS AND DAYS														
Hospital	Year	Utilization Metric	Admissions/Discharges	Patient Days/Discharge Days	ALOS (Not including Observation Days)	Number of Observation Pts.	Observation Days	Total Occupied Bed Days	Licensed Beds	Staffed Beds	Available Days Lic. Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
UTMC - Northside	2030	Admissions	3400	11900	3.5	425	850	12750	60	60	21900	21900	58%	58%
UTMC - Northside	2031	Admissions	3800	13300	3.5	475	950	14250	60	60	21900	21900	65%	65%
UTMC - Northside	2032	Admissions	4000	14000	3.5	500	1000	15000	60	60	21900	21900	68%	68%

THE UNIVERSITY OF TENNESSEE MEDICAL CENTER - PROJECTED UTILIZATION 2030-2032 - WITHOUT OBS. PATIENTS AND DAYS											
Hospital	Year	Utilization Metric	Admissions/Discharges	Patient Days/Discharge Days	ALOS	Licensed Beds	Staffed Beds	Available Days Licensed Beds	Available Days Staffed Beds	Licensed Occupancy	Staffed Occupancy
UTMC - Northside	2030	Admissions	3400	11900	3.5	60	60	21900	21900	54%	54%
UTMC - Northside	2031	Admissions	3800	13300	3.5	60	60	21900	21900	61%	61%
UTMC - Northside	2032	Admissions	4000	14000	3.5	60	60	21900	21900	64%	64%

Cardiac Cath Cases at UTMC from Northshore Zip Codes by Procedure Type - 2025																
Patient Zip	Location	Ablation		Ablation Total	Diagnostic Cath		Diagnostic Cath Total	ICDs	ICDs Total	Pacemakers		Pacemakers Total	PCIs		PCIs Total	Grand Total
		IP	OP		IP	OP		OP		IP	OP		IP	OP		
37737	Northshore		5	5	5	10	15	2	2		1	1	1	1	2	50
37772	Northshore	1	9	10	4	15	19	1	1	7	3	10	1	9	10	100
37777	Northshore	2	15	17	18	24	42	7	7	5	5	10	10	8	18	188
37909	Northshore	3	7	10	5	9	14	1	1		3	3	3	3	6	68
37919	Northshore	2	24	26	16	26	42	3	3	7	7	14	10	13	23	216
37921	Northshore	1	5	6	11	16	27	1	1	5	4	9	7	7	14	114
37922	Northshore	2	29	31	10	45	55	4	4	3	15	18	5	23	28	272
37923	Northshore	1	10	11	8	15	23	3	3	1	7	8	6	5	11	112
37931	Northshore	1	17	18	12	24	36			2	7	9	4	10	14	154
37932	Northshore	2	10	12	3	12	15	3	3	1	3	4	2	3	5	78
37934	Northshore	1	18	19	3	23	26	2	2	5	4	9	1	8	9	130
Grand Total		16	149	165	95	219	314	27	27	36	59	95	50	90	140	1482
Source: Internal UTMC data																

TRANSFER AGREEMENT

In consideration of the needs of the residents of the area served by both institutions named herein, this Agreement is entered into as of this 28th day of August, 2026 ("Effective Date") by and between, UT Medical Center at Northshore, LLC ("Facility") and University Health System, Inc., d/b/a The University of Tennessee Medical Center ("UTMC"), each of which herein may be individually referred to as "Party" or collectively as "Parties."

WHEREAS, the Parties are health care facilities serving the health care needs of the residents of their respective service areas; and

WHEREAS, a Party ("Transferring Facility") may, from time to time, require the services of the other Party ("Receiving Facility") to assist with the provision of health care services to the patients served by Transferring Facility;

NOW, THEREFORE, in consideration of the promises herein contained and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

- 1.0 Under this Agreement, the Receiving Facility will provide treatment and hospitalization for patients of the Transferring Facility when said patients require acute inpatient services, on the conditions set forth in this Agreement. Neither Transferring Facility nor Receiving Facility shall make any decision regarding the transfer or reception of a patient in a discriminatory, arbitrary or capricious manner, or in the case of an emergency, on the basis of a patient's insurance status or other ability to make payment. However, this shall in no way require either Party to accept nonemergent patients for transfer when the Receiving Facility is not in patient's managed care organization's ("MCO") provider network ("Network") or for whom the Receiving Facility cannot work out other arrangements with MCO, provided however that there is a facility which is in Network that is willing to accept patient.
- 2.0 This Agreement shall be governed by, and services performed hereunder shall be provided in a manner consistent with, Tennessee and applicable Federal laws and/or regulations, without regard to principles of conflicts of law. This includes, but is not limited to, the provisions of the Emergency Medical Treatment and Active Labor Act ("EMTALA"), 42 USCA §1395dd; Tennessee law regarding patient transfer, TCA 68-11-701-705; EMTALA regulations, 42 CFR 489.24; and Tennessee regulation governing patient transfers, Tenn. Reg. §1200-8-1-.05. This provision shall survive the termination of this Agreement.
- 3.0 The Transferring Facility assumes responsibility for assuring that the patient is transferred using the appropriate method of transportation and is accompanied by the appropriate personnel and equipment during the transfer. The Transferring Facility assumes responsibility for arrangements for and cost of such transportation, personnel, and equipment.
- 4.0 The Transferring Facility shall ensure that the relevant portions of patient's medical record and other relevant information needed to continue the care of the patient are sent with the patient on transport.
- 5.0 The Receiving Facility agrees to accept the patient for prompt evaluation and, within its capabilities and resources, provide care as indicated after acceptance of patient by a physician at Receiving Facility, contingent upon available space, personnel, and resources. The Transferring Facility shall bear no responsibility for the care and treatment provided to any patient after arrival at the Receiving Facility. The Receiving Facility shall bear no responsibility for the care and treatment provided to any patient prior to the arrival at the Receiving Facility.
- 6.0 The Parties acknowledge that the Facility will not initially provide twenty-four (24) hours per day, seven (7) days per week cardiac catheterization laboratory coverage, and that its emergency cardiac catheterization services will instead be available only during normal business hours. A patient who presents to the Facility's Emergency Department and requires emergency cardiac catheterization services that are (i) beyond the Facility's operating capabilities, or (ii) required at a time when the Facility's cardiac catheterization laboratory is not staffed or otherwise available, will be transferred to UTMC for treatment. UTMC acknowledges that it maintains twenty-four (24) hours per day, seven (7) days per week emergency cardiac catheterization laboratory coverage, and UTMC will accept each such patient for emergency cardiac catheterization treatment. In each such case, the Parties will strive to transfer the patient to a cardiac catheterization laboratory at UTMC within ninety (90) minutes of the patient's arrival at the Facility's Emergency Department.

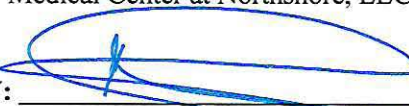
- 7.0 It is agreed that services rendered by the Receiving Facility or the Transferring Facility shall be charged to the patient and that neither shall be held responsible for payment of services rendered to the patient by the other. The Parties shall cooperate in the provision of the information for each Party to bill for the services provided by them. Each Party will use its best efforts to abide by all policies, regulations, and contractual obligations with regard to billing patients and/or third-party payors for services it performs.
- 8.0 Upon determination by appropriate medical personnel of Receiving Facility that a patient transferred from the Transferring Facility has been stabilized, no longer has an emergency medical condition or no longer requires the specialty services provided at the Receiving Facility, but that the patient does require further hospitalization, Transferring Facility agrees to readmit the patient for appropriate hospitalization within 24-48 hours of such determination. In the event that the physician located at the Transferring Facility who originally referred patient to Receiving Facility will not accept the patient, the Chief of the Medical Staff or other authorized representative of the Transferring Facility will facilitate identification of an appropriate physician to accept the patient and transfer the patient back to the Transferring Facility.
- 9.0 The Parties agree to promptly notify each other in writing of any incident, occurrence, or claim arising out of or in connection with the transfer or medical treatment of a patient transferred under the Agreement and to cooperate with each other in any investigation of said incident, occurrence, or claim.
- 10.0 Nothing contained in this Agreement shall be construed or deemed to create a relationship of employer and employee, principal and agent, insured and insurer, partnership, joint venture, or any other relationship other than that of independent parties, contracting with each other solely to carry out the purposes recited in the Agreement.
- 11.0 Both Parties agree to maintain adequate liability coverage to cover themselves, their employees, contractors, and agents from any and all liability arising out of or related to the services provided pursuant to this Agreement including, but not limited to, general and professional liability coverage. However, this provision shall not be construed so as to prohibit the Parties from fulfilling this obligation with various programs of insurance, self-insurance and/or self-insured retention. This obligation shall survive the expiration or termination of this Agreement for any reason.
- 12.0 The term of this Agreement shall begin on the Effective Date and remain in effect until terminated in accordance with this Agreement. Either Party may terminate this Agreement upon thirty (30) days written notice to the other Party. This Agreement may be terminated at anytime upon mutual written consent of the Parties. This Agreement shall automatically terminate should either party fail to maintain licensure or certification as provided by law or regulation.
- 13.0 Both Parties acknowledge that they will have access to confidential protected health information ("PHI") including, but not limited to, patient identifying information. The parties acknowledge that their performance under this Agreement must comply with the Health Information, as codified at 42 U.S.C. 1320d ("HIPAA"), the Health Information Technology Act of 2009, as codified at 42 U.S.C.A. prec 17901 ("HITECH Act"), and any current and future regulations promulgated under HIPAA or the HITECH Act (HIPAA, HITECH Act and any current and future regulations promulgated under either are collectively referred to as the "Regulations"). Each Party warrants that it is familiar with the requirements of the Regulations and will comply with all the Regulations in connections with their respective performance under this Agreement. The Parties will each cooperate with the respective privacy officials and other compliance officers of the other Party as necessary for both Parties to comply with the Regulations and will sign any documents that are reasonably necessary to maintain compliance with the Regulations.
- 14.0 This Agreement is intended solely for the benefit of UTMC and Facility. All other parties, named or unnamed in this Agreement, shall have no rights or remedies under this Agreement.
- 15.0 If any provision of this Agreement is held to be illegal or invalid for any reason, such illegality or invalidity shall not affect the remaining portions of this Agreement unless such illegality or invalidity prevents accomplishment of the goals, objectives, or purposes of the Agreement.

- 16.0 Any waiver of past breach, default, deficient performance or otherwise, even on multiple occasions, shall not be considered as a waiver of any rights or remedies at law or equity in any future circumstance regardless of similarity to past instances.
- 17.0 Until the expiration of four (4) years after the furnishing of services pursuant to this Agreement or any greater length of time as may be required by applicable federal statute or regulation, the Parties shall make available upon written request from the other Party or the Secretary of the United States Department of Health and Human Services, or upon request of the Comptroller General of the United States or any of their duly authorized representatives, this Agreement and books, documents, and records of that are necessary to certify the nature and extent of costs and services provided under this Agreement.
- 18.0 The Parties enter into this Agreement with the intent of conducting their relationship in full compliance with applicable state, local and federal law, including the Medicare/Medicaid anti-kickback/Fraud and Abuse provisions. Notwithstanding any unanticipated effect of any provisions herein, neither Party will intentionally conduct itself under the terms of this Agreement in a manner to constitute a violation of said statutes.
- 19.0 Each Party represents and warrants to the other Party that neither it nor its officers, directors and employees (i) are currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 USC § 1320a-7b(f) (the "Federal Healthcare Programs") or any state healthcare programs; (ii) have been convicted of a criminal offense related to the provision of healthcare items or services or excluded, debarred, or otherwise declared ineligible to participate in the Federal Healthcare Programs or any state healthcare programs; and (iii) are, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in it being excluded from participation in the Federal Healthcare Programs or any state healthcare programs. This shall be an ongoing representation and warranty during the term of this Agreement, and each Party shall immediately notify the other of any change in the status of the representations and warranty set forth in this section. Any breach of this section shall give a Party the right to terminate this Agreement immediately for cause.
- 20.0 Any requirements imposed under applicable law or regulation as in effect from time to time, shall, where inconsistent with any provision of this Agreement, be controlling and shall govern rights of the Parties hereto. Any such provisions under applicable law or regulation which will supersede or invalidate any provisions hereof shall not affect the validity of this Agreement and the remaining provisions hereof, unless such a change would prevent the accomplishment of the objectives and purposes of this Agreement as set forth herein.
- 21.0 No revision in or amendment to this Agreement shall be valid unless such revision or amendment is in writing and executed by all Parties hereto.

IN WITNESS WHEREOF, the Parties have entered into this Agreement to be effective as of Effective Date.

FACILITY:

UT Medical Center at Northshore, LLC

BY: 

Keith D. Gray, MD
President and CEO

DATE: 8/28/26

UTMC:

University Health System, Inc.
d/b/a The University of Tennessee Medical Center

BY: 

Ryan Shearer
Vice President, Compliance

DATE: 8/28/26

2026 UTMCM Managed Care Network Participation

Payer Name	Product
Aetna	PPO/POS/EPO
	Aetna Global Transplant
	Coventry/First Health Network Lease
	First Health Workers Compensation
	Medicare Advantage
American Health Advantage Plan	American Health Medicare Advantage of TN (HMO ISNP)
BARinet Preferred Provider,LLC	BARinet
BlueCross BlueShield Tennessee	Network E (Marketplace)
	Network L (Marketplace, Small Group)
	Network P
	Network S (Includes Marketplace)
	BlueCare (TennCare)
	BlueCare Plus D-SNP
	CoverKids
	TennCare Select
	Blue Advantage Medicare PPO
Cigna Healthcare	PPO/POS/EPO-All Commercial Plans
	Cigna Great West
	Cigna Connect (On and Off Marketplace)
	Cigna Local Plus
Devoted Health Plan	Medicare Advantage HMO,POS,PPO,SNP
East TN Health Plan	Self-Funded Plans - KBA
Galaxy	PPO
HealthSmart Organization	PPO
HealthSpring	HealthSpring Medicare Advantage(formerly Cigna)
Humana Health Care Plans	All Humana Medicare Advantage Plans
	Choice PPO Medicare Advantage
	Humana Medicare HMO High Value Network
Kentucky Medicaid	Standard Medicaid Only
Medicare	Original Program
	All Medicare Supplemental Plans
Multiplan	Leased Network
	Beechstreet PPO Leased Network
	PHCS Leased Network
NHC Medicare Advantage	NHC Medicare Advantage I-SNP
NX Health Network/Valenz Access	Monterey Mushroom EE Group
Optum Centers of Excellence	Optum Transplant Network and TAPP
Prime Health	Commercial Network
	Workers Compensation
Signature Medicare Advantage	Medicare Advantage I-SNP
Sterling Health	Medicare Advantage PPO
TriCare	Select (Participate Only if out of network benefits)

United HealthCare	All Commercial Health Plans
	United Health Care River Valley Plans
	UHC Tn Indiv Marketplace Benefit Plan
	UHC Community Health Plan (CoverKids)
	UHC Community Health Plan (TennCare)
	UHC Community Health Plan (Dual SNP)
	UHC AARP/MedicareAdvantage
United HealthCare-Optum	UHC/Optum Veterans Affairs Community Care Program
United HealthCare-Optum	Veterans Affairs Community Transplant Program
USA Managed Care Organization	UHS Health Network & American Health Network
Wellcare Health Plan	Medicare Advantage HMO, PPO
Wellpoint (formerly Amerigroup)	Wellpoint TennCare(CoverKids) (formerly Amerigroup CoverKids)
	Wellpoint TennCare (formerly Amerigroup TnCare)
	Wellpoint Full Dull Advantage (HMO-DSNP) (formerly Amerivantage Specialty)
	Wellpoint Medicare Advantage (HMO-POS) (formerly Amerivantage Classic)

PROJECTED AVERAGE GROSS CHARGES - YEAR 1 (2030)	
Average Gross Charge per IP & OP Encounter	\$7,968.58
Average Gross Charge per IP Admission	\$26,569.85
Average Gross Charge per IP Day	\$7,591.38
Average Net Charge per IP & OP Encounter	\$2,101.35
Average Net Charge per IP Admission	\$16,515.96
Average Gross Charge per IP Day	\$4,769.27

Letters of Support for UT Medical Center at Northshore:

Elected Officials and Civic Leaders:

Knox County Mayor Glenn Jacobs

Knox County Schools Superintendent Dr. Jon Rysewyk

Knoxville Mayor Indya Kincannon

Lt. Governor Randy McNally

State Representative Elaina Davis

State Representative Jason Zachary

State Senator Richard Briggs

State Senator Becky Massey

U.S. Congressman Tim Burchett

U.S. Senator Bill Haggerty

U.S. Senator Marsha Blackburn

Health Care Providers:

Dr. Paul Branca, M.D.

Dr. Brian Tonne, M.D.

Dr. Jennifer Piel, M.D.

Dr. Wesley White, M.D.

Helen Ross McNabb Center, CEO & President Mona Blanton-Kitts

Business and Other:

Caazy's Corner Grill

Chick-fil-A Restaurant

Copper Celler Restaurant

The University of Tennessee System, Sen. V.P. and CFO David Miller

TIM BURCHETT

WASHINGTON OFFICE:
1122 Longworth House Office Building
Washington, DC 20515-4202
(202) 225-5435

DISTRICT OFFICES:
800 Market Street, Suite 110
Knoxville, TN 37902
Phone: (865) 523-3772
Fax: (865) 544-0728

331 Court Street
Maryville, TN 37804
Phone: (865) 984-5464
Fax: (865) 984-0521

<https://burchett.house.gov>

Congress of the United States
House of Representatives
Washington, DC 20515-4202

COMMITTEES:

Committee on Foreign Affairs

Subcommittees:

Middle East and North Africa
South and Central Asia

Committee on Transportation
and Infrastructure

Subcommittees:

Aviation
Highways and Transit
Railroads, Pipelines,
and Hazardous Materials

Committee on Oversight
and Government Reform

Subcommittees:

Delivering on Government Efficiency
Government Operations

August 21, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical's Certificate of Need Application

Dear Mr. Grant:

I am writing in support of UT Medical's Certificate of Need application to establish a new hospital in the Northshore area of Knoxville.

For patients across East Tennessee, UT Medical serves a role that extends beyond its main campus. It is a private, nonprofit academic health system and safety-net provider, a federally designated Rural Referral Center, home to the region's only Level I Trauma Center, and one of Tennessee's five Regional Perinatal Centers. Through these and other programs, UT Medical provides advanced and highly specialized care to patients from communities throughout the region.

Continued population growth is placing increasing demands on the health care system, while UT Medical's existing campus has limited room for additional physical expansion. Establishing a hospital in the Northshore area would create additional capacity closer to a growing population and help ensure the main campus can remain focused on the complex, intensive services that are central to UT Medical's regional mission.

The Northshore project would benefit both the immediate community and the broader East Tennessee region by improving access, adding needed hospital capacity, and strengthening UT Medical's ability to serve patients across its network.

I ask that the Tennessee Health Facilities Commission give all due consideration to UT Medical's application.

Sincerely,



Tim Burchett
Member of Congress



OFFICE OF COUNTY MAYOR GLENN JACOBS

August 18, 2026

Logan Grant, Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical Center's Certificate of Need Application

Dear Logan,

I am pleased to support UT Medical Center's Certificate of Need application to develop a new hospital in the Northshore area of Knox County.

For communities across east Tennessee, UT Medical Center is an essential part of the region's healthcare infrastructure. Its role as the region's only Level I Trauma Center, a federally designated Rural Referral Center, a nonprofit academic health system and a safety-net provider allow UT Medical to meet local healthcare needs while also providing complex, specialized care for patients throughout the region.

Knox County and the surrounding communities continue to experience significant population and economic growth. That growth creates both opportunity and a need to ensure that critical infrastructure, including health care, keeps pace. A new hospital in the Northshore area would expand access to care closer to where people live and work while helping UT Medical maintain the capacity necessary to fulfill its broader regional mission.

The proposed hospital would bring economic benefits to a rapidly developing part of our community. In addition to expanding access to care, it would create high quality jobs, generate activity for nearby businesses, and support continued growth in the Northshore area. As Knox County continues to grow, opportunities that strengthen the local economy and provide access to high quality health care is vital to supporting residents with accessible care in times of need.

For these reasons, I am pleased to support UT Medical Center's proposed Northshore hospital and respectfully encourage the commission to approve its application.

Sincerely,

A handwritten signature in blue ink, reading "Glenn Jacobs".

Glenn Jacobs
Knox County Mayor

August 17, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical's Certificate of Need Application

Dear Mr. Grant:

I am pleased to support UT Medical's Certificate of Need application to develop a new hospital in the Northshore area of Knoxville.

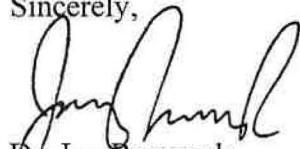
Strong schools and access to quality healthcare are both essential to thriving communities. The Northshore area is home to Northshore Elementary School and is surrounded by other Knox County schools serving thousands of students, families, educators, and staff. As this sector of our county continues to grow, ensuring that critical infrastructure in the community keeps pace is increasingly important.

A new UT Medical hospital in the Northshore area would help meet that need by expanding access to care closer to where families live, work, and attend school. For our school communities, having additional healthcare resources nearby would contribute to the health, safety, and overall quality of life of the families we serve. It would also strengthen UT Medical's ability to provide both community-based and specialized care to patients across Knox County and East Tennessee.

I respectfully encourage the Tennessee Health Facilities Commission to approve UT Medical's application.

Thank you for your consideration.

Sincerely,



Dr. Jon Rysewyk
Superintendent
Knox County Schools



August 17, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical's Certificate of Need Application

Dear Mr. Grant:

I am pleased to support UT Medical's Certificate of Need application to develop a new hospital in the Northshore area of Knoxville.

UT Medical plays a unique role in our community and across East Tennessee. As the region's only Level I Trauma Center, a federally designated Rural Referral Center, and a nonprofit academic health system and safety-net provider, UT Medical delivers both essential community care and highly specialized services relied upon by patients throughout our region.

Knoxville and the surrounding communities continue to experience significant population and economic growth, particularly in the West Knoxville area. That growth creates both opportunity and an obligation to ensure that critical infrastructure, including health care, keeps pace. A new hospital in the Northshore area would expand access to care closer to where people live and work while helping UT Medical maintain the capacity necessary to fulfill its broader regional mission.

The project would also represent a meaningful investment in one of our community's growing commercial corridors. A hospital brings quality jobs, supports surrounding businesses and services, and contributes to the long-term economic vitality of the area. As Knoxville continues to grow, investments that strengthen both our health care infrastructure and our economy are important to sustaining that momentum.

For these reasons, I support UT Medical's proposed Northshore hospital and respectfully encourage the Commission to approve its application.

Thank you for your consideration.

Sincerely,

Indya Kincannon
Mayor

RANDY MCNALLY
LIEUTENANT GOVERNOR

CORDELL HULL BUILDING, SUITE 700
425 REP. JOHN LEWIS WAY NORTH
NASHVILLE, TN 37243
(615) 741-6806



94 ROYAL TROON CIRCLE
OAK RIDGE, TN 37830
(865) 483-5544

STATE OF TENNESSEE

OFFICE OF THE LIEUTENANT GOVERNOR SPEAKER OF THE SENATE

August 17, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical's Certificate of Need Application

Dear Mr. Grant and Members of the Commission:

I am writing in support of the University of Tennessee Medical Center's (UT Medical) application for approval to develop a new hospital in the Northshore area of Knoxville.

UT Medical is a private, nonprofit academic health system and safety-net provider serving patients across East Tennessee and the broader Appalachian region, including many rural and medically underserved communities. As the region's only Level I Trauma Center and a designated Rural Referral Center, UT Medical provides highly specialized and resource-intensive care, including advanced emergency, critical care, transplant, neonatal, and specialty services.

Demand for UT Medical's services continues to grow, placing increasing pressure on the main campus. Recent expansion of the Emergency Department is driving additional inpatient admissions, UT Medical is already adding inpatient capacity, and the hospital experienced more than 5,000 deliveries in 2025. At the same time, the main campus has limited space for additional expansion.

The proposed Northshore hospital offers a practical solution by creating additional capacity in one of our region's fastest-growing areas while also relieving pressure on the main campus. It would improve access for patients in western Knox County and surrounding communities and help ensure that UT Medical can continue meeting growing demand for both routine and highly specialized care.

August 17, 2026

Page 2

As a representative of the Knoxville area, I respectfully encourage the State Health Facilities Commission to approve UT Medical's application.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Randy McNally". The signature is written in a cursive, slightly slanted style.

Randy McNally
Lieutenant Governor and State Senator



Elaine Davis
18th LEGISLATIVE DISTRICT
KNOX COUNTY

LEGISLATIVE OFFICE:
562 CORDELL HULL BUILDING
425 Rep. John Lewis Way
NASHVILLE, TENNESSEE 37243-0154
(615) 741-2287
FAX: (615) 253-0229
EMAIL: rep.elaine.davis@capitol.tn.gov

House of Representatives State of Tennessee

NASHVILLE, TN

MEMBER OF COMMITTEES

Vice-Chair - Judiciary Committee
Transportation Committee
Private Acts Committee
Ethics Committee
Civil Justice Subcommittee
Workplace Discrimination and
Harassment Subcommittee

August 18, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical's Certificate of Need Application

Dear Mr. Grant:

I am writing in support of the University of Tennessee Medical Center's (UT Medical) application for approval to develop a new hospital in the Northshore area of Knoxville.

UT Medical serves a critical role in providing hospital and specialty care to Knoxville and the broader East Tennessee region. Demand for its services continues to grow, placing increasing pressure on the main campus. Recent expansion of the Emergency Department is driving additional inpatient admissions, UT Medical is already adding inpatient capacity, and the hospital experienced more than 5,000 deliveries in 2025. At the same time, the main campus has limited space for additional expansion.

The proposed Northshore hospital offers a practical way to meet this growing demand. By adding hospital capacity in one of our region's fastest-growing areas, the project would create an additional point of access for patients while providing needed capacity relief at UT Medical's main campus. The Northshore location also positions care closer to the growing communities of western Knox County and the surrounding region.

Given UT Medical's unique role in our region, maintaining sufficient capacity for the hospital to continue providing both essential community care and highly specialized services is vital to East Tennessee. I respectfully encourage the State Health Facilities Commission to approve UT Medical's application.

Sincerely,

Elaine Davis
District 18 Representative | Tennessee General Assembly

JASON ZACHARY
Deputy Speaker
14th LEGISLATIVE DISTRICT

CORDELL HULL BUILDING, SUITE 616
425 Rep. John Lewis Way, N.
NASHVILLE, TENNESSEE 37243-0114
(615) 741-2264

E-mail: rep.jason.zachary@capitol.tn.gov



House of Representatives State of Tennessee

NASHVILLE

COMMITTEES

COMMITTEE MEMBER

Calendar & Rules
Commerce
Ethics
Finance, Ways, & Means

SUBCOMMITTEE MEMBER

Appropriations and Oversight
Finance, Ways, & Means

August 17, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical's Certificate of Need Application

Dear Mr. Grant:

I am writing in support of the University of Tennessee Medical Center's (UT Medical) application for approval to develop a new hospital in the Northshore area of Knoxville.

UT Medical serves a critical role in providing hospital and specialty care to Knoxville and the broader East Tennessee region. Demand for its services continues to grow, placing increasing pressure on the main campus. Recent expansion of the Emergency Department is driving additional inpatient admissions, UT Medical is already adding inpatient capacity, and the hospital experienced more than 5,000 deliveries in 2025. At the same time, the main campus has limited space for additional expansion.

The proposed Northshore hospital offers a practical way to meet this growing demand. By adding hospital capacity in one of our region's fastest-growing areas, the project would create an additional point of access for patients while providing needed capacity relief at UT Medical's main campus. The Northshore location also positions care closer to the growing communities of western Knox County and the surrounding region.

Given UT Medical's unique role in our region, maintaining sufficient capacity for the hospital to continue providing both essential community care and highly specialized services is vital to East Tennessee. I respectfully encourage the State Health Facilities Commission to approve UT Medical's application.

Thank you for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read 'JZZ', enclosed within a light gray rectangular border.

Jason Zachary
State Representative
House District 14



HOME:

2235 BREAKWATER DR.
KNOXVILLE, TN 37922

LEGISLATIVE OFFICE:

425 REP. JOHN LEWIS WAY N.
SUITE 774, CORDELL HULL Bldg.
NASHVILLE, TN 37243
PHONE: (615) 741-1766
FAX: (615) 253-0199

State of Tennessee

State Senate

STATE SENATOR
7TH LEGISLATIVE DISTRICT

Nashville

August 17, 2026

CHAIRMAN

SENATE STATE & LOCAL
GOVERNMENT COMMITTEE

VICE-CHAIRPERSON

SENATE RULES COMMITTEE

MEMBER OF COMMITTEES:
TRANSPORTATION & SAFETY
COMMITTEE

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical's Certificate of Need Application

Dear Mr. Grant:

I am writing in support of the University of Tennessee Medical Center's (UT Medical) application for approval to develop a new hospital in the Northshore area of Knoxville. Knoxville's population increases on top of a growing elder population. UT Medical offers a pragmatic solution to a growing challenge.

UT Medical serves a critical role in providing hospital and specialty care to Knoxville and the broader East Tennessee region. Demand for its services continues to grow, placing increasing pressure on the main campus. Recent expansion of the Emergency Department is driving additional inpatient admissions, UT Medical is already adding inpatient capacity, and the hospital experienced more than 5,000 deliveries in 2025. At the same time, the main campus has limited space for additional expansion.

The proposed Northshore hospital offers a real way to meet this growing demand. By adding hospital capacity in one of our region's fastest-growing areas, the project would create an additional point of access for patients while providing needed capacity relief at UT Medical's main campus. The Northshore location also positions care closer to the growing communities of western Knox County and the surrounding region.

EMAIL

sen.richard.briggs@capitol.tn.gov



Thank you for your consideration as I respectfully encourage the State Health Facilities Commission to approve UT Medical's application. Given UT Medical's unique and vital role in our region, maintaining sufficient capacity for the hospital to continue providing both essential community care and highly specialized services is essential to East Tennessee. Please do not hesitate to contact me if I can be of further service as the Department considers this application.

Sincerely,

A handwritten signature in black ink that reads "Richard M. Briggs". The signature is written in a cursive style with a large initial "R".

Sen. Richard Briggs, MD

EMAIL

sen.richard.briggs@capitol.tn.gov

BECKY DUNCAN MASSEY
STATE SENATOR
6TH SENATORIAL DISTRICT

CORDELL HULL BUILDING, SUITE 776
425 REP. JOHN LEWIS WAY NORTH
NASHVILLE, TENNESSEE 37243
(615) 741-1648



Senate Chamber

State of Tennessee

CHAIRMAN
TRANSPORTATION and SAFETY

COMMITTEE
HEALTH and WELFARE

August 19, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical's Certificate of Need Application

Dear Mr. Grant and Members of the Commission:

I am writing in support of the University of Tennessee Medical Center's (UT Medical) application for approval to develop a new hospital in the Northshore area of Knoxville.

UT Medical is a private, nonprofit academic health system and safety-net provider serving patients across East Tennessee and the broader Appalachian region, including many rural and medically underserved communities. As the region's only Level I Trauma Center and a designated Rural Referral Center, UT Medical provides highly specialized and resource-intensive care, including advanced emergency, critical care, transplant, neonatal, and specialty services.

Demand for UT Medical's services continues to grow, placing increasing pressure on the main campus. Recent expansion of the Emergency Department is driving additional inpatient admissions, UT Medical is already adding inpatient capacity, and the hospital experienced more than 5,000 deliveries in 2025. At the same time, the main campus has limited space for additional expansion.

The proposed Northshore hospital offers a practical solution by creating additional capacity in one of our region's fastest-growing areas while also relieving pressure on the main campus. It would improve access for patients in western Knox County and surrounding communities and help ensure that UT Medical can continue meeting growing demand for both routine and highly specialized care.

As a representative of the Knoxville area, I respectfully encourage the State Health Facilities Commission to approve UT Medical's application. Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "Becky Duncan Massey".

Becky Duncan Massey
State Senator

United States Senate

WASHINGTON, DC 20510

August 27, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Dear Mr. Grant:

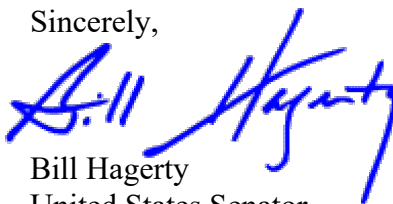
I write today to bring your attention to the University of Tennessee Medical Center (UT Medical) Certification of Need application submitted to the Tennessee Health Facilities Commission, enabling the development of an essential new hospital in Knoxville's Northshore area.

Like many areas in Tennessee, Knoxville's suburban and outer sectors, specifically areas surrounding Northshore, Pellissippi Parkway, and Farragut, are experiencing substantial population growth. As population growth in this region is welcomed, it can place undue strains on various necessary community services – access to satisfactory medical care is no exception. As the population grows and demand for medical services continues to rise, UT Medical Main Campus is facing increasing pressure beyond its current operational capacity.

The proposed UT Medical Northshore hospital aims to fill needed capacity in a rapidly growing part of Knoxville while allowing UT Medical Main Campus to preserve greater attention for the complex and specialized services on which patients from communities throughout East Tennessee rely. Expanding UT Medical's presence in Knoxville's Northshore area seeks to improve access to hospital services for a growing population, while strengthening the broader regional system of UT Medical's specialized care.

Please give all due consideration to UT Medical's Certification of Need application. Should you have any questions, do not hesitate to contact my office at (202) 224-4944.

Sincerely,



Bill Hagerty
United States Senator

United States Senate

COMMITTEES:
COMMERCE, SCIENCE, AND TRANSPORTATION
FINANCE
JOINT ECONOMIC
JUDICIARY
VETERANS' AFFAIRS

August 25, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical's Certificate of Need Application

Dear Mr. Grant:

I write in support of UT Medical's Certificate of Need Application to develop a new hospital in the Northshore area of Knoxville.

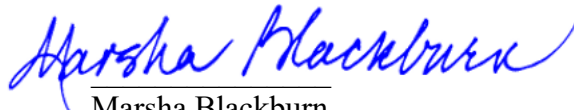
As a private, nonprofit academic health system, federally designated Rural Referral Center, and a safety-net provider, UT Medical serves a critical role in providing hospital and specialty care to Knoxville and the broader East Tennessee region. Additionally, UT Medical is the region's only Level I Trauma Center and is one of Tennessee's five Regional Perinatal Centers. These factors mean that UT Medical provides highly specialized and resource-intensive care, including advanced emergency, critical care, transplant, neonatal, and specialty services.

That regional role makes adequate capacity at UT Medical especially important. It is my understanding that as the population grows and demand continues to rise, the main campus is facing increasing pressure and limited opportunities for further physical expansion. The proposed Northshore hospital would add needed capacity in a rapidly growing part of the region while allowing the main campus to preserve greater capacity for the complex and specialized services upon which patients from communities throughout East Tennessee rely.

The project would improve access to care by expanding UT Medical's presence in an area experiencing significant growth. By bringing hospital services closer to where patients live and work, the Northshore hospital would help meet growing demand while strengthening the broader health care system serving the region.

Should you have any questions or need more information, please contact Stephen Simonetti on Senator Blackburn's staff at Stephen_Simonetti@blackburn.senate.gov or (202) 224-3344.

Sincerely,


Marsha Blackburn
United States Senator



Wisdom for Your Life.

August 11, 2024

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, TN 37243-0200

Dear Mr. Grant,

I am writing to express my strong support for the University of Tennessee Medical Center's Northshore location with cardiac catheterization laboratories. I respectfully encourage the agency to grant approval for this important initiative, which will significantly enhance access to high-quality cardiovascular and acute care services for the residents of our region.

I view this proposal as a meaningful opportunity to further our mission of serving through healing, education, and discovery. Throughout my nearly 30 years of medical practice in Knoxville, I have witnessed substantial population growth and an increasing demand for high-quality healthcare services across East Tennessee. These trends continue to accelerate and are expected to drive even greater demand for specialized cardiovascular care in the years ahead.

The West Knoxville location is uniquely positioned to address these growing healthcare needs. As one of the region's fastest-growing areas, West Knoxville continues to experience significant population growth and economic development. The addition of an acute care hospital and cardiac catheterization laboratories at this site will improve access to comprehensive healthcare services, provide greater convenience for patients and families, and enhance the region's ability to deliver timely, life-saving cardiac care. This strategic investment will allow UT Medical Center to better serve a growing population while maintaining the highest standards of clinical excellence.

Cardiovascular disease remains one of the most significant health challenges facing our community. Given the prevalence of cardiac conditions throughout our region, it is imperative that healthcare providers proactively expand capacity and improve access to essential cardiac services. The proposed catheterization laboratories at the Northshore location would help address these needs by providing timely, convenient, and high-quality care closer to where patients live and work.

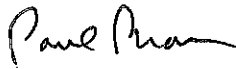
Heart Lung Vascular Institute

1940 Alcoa Highway, Suite E110 • Knoxville, TN 37920 • (865) 305-9458 Fax: (865) 305-6607 • utmedicalcenter.org

Our patients deserve access to comprehensive cardiovascular services that are both accessible and responsive to their needs. Approval of this proposal will strengthen the region's healthcare infrastructure, enhance patient access to care, and support improved outcomes for individuals and families affected by heart disease.

Thank you for your consideration of this proposal. It is my sincere hope that the agency will grant a favorable decision. If I can be of any assistance or provide additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Paul Branca".

Paul Branca, MD, FCCP, D-AABIP
Vice President, Heart Lung Vascular Institute
1940 Alcoa Highway, Suite E110
Knoxville, TN 37920

August 27, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, TN 37243-0200

Dear Mr. Grant:

I am writing in support of the Certificate of Need application for the proposed UT Medical Center at Northshore.

As an orthopaedic surgeon with Knoxville Orthopaedic Clinic-University, I understand the importance of ensuring that healthcare resources keep pace with the needs of our growing community. West Knoxville continues to experience significant residential and commercial growth, creating increased demand for accessible, high-quality healthcare services.

Many of our patients live and work in the Northshore area and would benefit from convenient access to emergency care, imaging, surgical services, and inpatient treatment closer to home. The proposed hospital will enhance access to these essential services while providing patients with greater convenience and continuity of care.

KOC-University has long partnered with UT Medical Center to provide exceptional orthopaedic care throughout our region. Through that partnership, I have seen UT Medical Center's commitment to clinical excellence and patient-centered care. I have also witnessed the growing demand for services at the medical center's main campus, which routinely operates at a high level of capacity. As our region continues to grow, additional healthcare capacity will be critical to ensuring patients can receive timely access to the care they need.

The proposed Northshore hospital represents an important investment in the future health of our community. I respectfully support approval of the Certificate of Need application for the proposed UT Medical Center at Northshore.

Sincerely,



Brian M. Tonne, MD
Medical Director, Orthopaedic Institute

University of Tennessee Medical Center
Knoxville Orthopedic Clinic

August 27, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, TN 37243-0200

Dear Mr. Grant:

I am writing in support of the Certificate of Need application for the proposed UT Medical Center at Northshore.

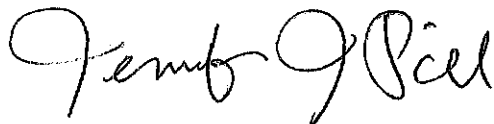
As an internal medicine physician who practices less than a mile from the proposed hospital site, I see firsthand the healthcare needs of patients living and working in West Knoxville. Over the years, the population in this area has grown significantly, and with that growth has come increased demand for convenient access to hospital-based services, emergency care, diagnostic testing, and specialty treatment.

Many of my patients prefer to receive care close to where they live and work, yet they often encounter challenges related to travel, traffic congestion, and limited access to healthcare resources in this rapidly expanding part of our community. The proposed Northshore hospital would help address these challenges by bringing high-quality inpatient and outpatient services closer to the patients who need them.

In addition to my clinical practice, I currently serve as Chief of Staff at UT Medical Center. In this role, I have a deep appreciation for the importance of ensuring our region's healthcare infrastructure keeps pace with population growth and evolving patient needs. The proposed facility represents an investment in expanding access to care while maintaining the high standards of clinical excellence, patient safety, and coordinated care that patients have come to expect from UT Medical Center.

Based on both my experience as a practicing physician in the immediate area and my leadership role within UT Medical Center, I strongly believe this project will provide meaningful benefits to patients and improve the overall healthcare of East Tennessee. I support approval of the Certificate of Need application for the proposed UT Medical Center at Northshore.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Piel". The signature is fluid and cursive, with the first name "Jennifer" and last name "Piel" clearly distinguishable.

Jennifer Piel, MD
Chief of Staff, UT Medical Center
Internal Medicine Physician

August 27, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, TN 37243-0200

Dear Mr. Grant:

I am pleased to provide my support for the Certificate of Need application for the proposed UT Medical Center at Northshore.

As a urologist that practices in West Knoxville, with an office located near the proposed hospital site, I have witnessed the tremendous growth occurring in this area over the past several years. The continued expansion of residential neighborhoods, businesses, and commercial development has increased the demand for healthcare services that are accessible, convenient, and able to meet the needs of a growing population.

Many of my patients live in the Northshore and West Knoxville communities and would benefit from having hospital-based services closer to home. The proposed hospital will help address these needs by bringing a broader range of healthcare services to an area that continues to experience significant growth.

In addition to my clinical practice, I serve as Chair of the Department of Urology at UT Medical Center. From both a physician and healthcare leadership perspective, I believe the proposed Northshore hospital will improve access to care, enhance convenience for patients and families, and strengthen the region's ability to meet its growing healthcare needs.

This proposed facility represents an important investment in the future health of our community, and I respectfully support approval of the Certificate of Need application.

Sincerely,



Wesley D. White, MD
Professor and Chair, Department of Urology
UT Health Science Center - Knoxville
Urologist, University Urology, PC



200 Tech Center Drive • Knoxville, TN 37912 • (865)637-9711 • (800)255-9711 • mcnabbcenter.org

August 24, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, TN 37243-0200
Dear Mr. Grant,

On behalf of the Helen Ross McNabb Center, I am pleased to offer our strong support for UT Medical Center at Northshore's Certificate of Need application for a new hospital.

As one of East Tennessee's leading behavioral health providers, Helen Ross McNabb Center has maintained a longstanding and valued partnership with UT Medical Center. Together, our organizations work to improve access to high-quality, coordinated care for individuals experiencing behavioral health conditions. Our longstanding partnership demonstrates the importance of close coordination between behavioral health and medical services.

The proposed Northshore hospital represents an important opportunity to expand access to hospital services in West Knoxville and the surrounding region. As this community continues to grow and healthcare needs evolve, additional access to emergency, inpatient and specialty services will help patients receive timely care.

The Helen Ross McNabb Center supports efforts that strengthen the continuum of care for individuals and families throughout East Tennessee. For these reasons, we strongly support approval of UT Medical Center's Certificate of Need application for the proposed Northshore hospital.

Thank you for your consideration.

Sincerely,

Mona Blanton-Kitts
President and CEO
Helen Ross McNabb Center



August 21, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical's Certificate of Need Application

Dear Mr. Grant:

As the owner of Cazzy's Corner Grill, a neighborhood restaurant in the Northshore Town Center for more than 14 years, I am pleased to support UT Medical's Certificate of Need application to develop a new hospital in our community.

Northshore and the surrounding area have experienced tremendous residential and commercial growth, and UT Medical's proposed investment would be a welcome addition. Beyond expanding access to health care close to home, a new hospital would bring employees, patients, families, and visitors to the area, supporting restaurants and other local businesses like ours.

As a longtime neighborhood business, we have seen how thoughtful growth and investment can strengthen a community. I believe UT Medical's Northshore hospital would add to the vitality of the area and be an asset to both the residents and businesses that call Northshore home.

I respectfully encourage the Commission to approve UT Medical's application.

Thank you for your consideration.

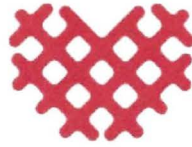
Sincerely,

A handwritten signature in blue ink, appearing to read 'Matt Kaye', with a long horizontal flourish extending to the right.

Matt Kaye
Owner
Cazzy's Corner Grill

Northshore Town Center
2099 Thunderhead Rd
Knoxville TN, 37919
865-694-6311

Brookview Town Centre
215 Brookview Centre Way
Knoxville TN, 37922
865-347-2360



August 21, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical's Certificate of Need Application

Dear Mr. Grant:

As a small business owner in the Northshore area, I am pleased to support UT Medical's Certificate of Need application to develop a new hospital in our community.

I opened my Chick-fil-A at Northshore Town Center on May 23, 2019. Since opening my store, Northshore and the surrounding area have experienced tremendous residential and commercial growth, and UT Medical's proposed investment would be a welcome addition to our area. Beyond providing greater access to health care close to home, a new hospital would bring employees, patients, families, and visitors to the area, supporting nearby restaurants like Chick-fil-A, and retailers, service providers, and other local businesses.

Investments of this scale can strengthen the vitality of a community and create economic activity that extends well beyond the walls of the facility itself. I believe UT Medical's Northshore hospital would be an asset to both the residents and businesses that call this area home.

I respectfully encourage the Commission to approve UT Medical's application.

Thank you for your consideration.

Sincerely,

David Jacobi

Owner / Operator

 NORTHSHORE TOWN CENTER
2082 Town Center Blvd. Knoxville, TN 37922
(865) 670 - 7604

COPPER CELLAR FAMILY
OF RESTAURANTS



August 19, 2026

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, Tennessee 37243-0200

Re: Support for UT Medical's Certificate of Need Application

Dear Mr. Grant:

As a small business owner in the Northshore area, I am pleased to support UT Medical's Certificate of Need application to develop a new hospital in our community.

Northshore and the surrounding area have experienced tremendous residential and commercial growth, and UT Medical's proposed investment would be a welcome addition. Beyond providing greater access to health care close to home, a new hospital would bring employees, patients, families, and visitors to the area, supporting nearby restaurants, retailers, service providers, and other local businesses.

Investments of this scale can strengthen the vitality of a community and create economic activity that extends well beyond the walls of the facility itself. I believe UT Medical's Northshore hospital would be an asset to both the residents and businesses that call this area home.

I respectfully encourage the Commission to approve UT Medical's application.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Brad Headrick".

Brad Headrick



THE UNIVERSITY OF TENNESSEE SYSTEM

SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, TN 37243-0200

August 20, 2026

Dear Mr. Grant,

As Chief Financial Officer of the University of Tennessee System, and mindful of the approximately 8,600 UT employees who live and work in Knox County, I write in support of UT Medical Center at Northshore's Certificate of Need application for the proposed hospital. As a member of the University Health System Board of Directors, I have seen the substantial growth across East Tennessee and the corresponding need for accessible, high-quality health care. The proposed Northshore hospital is a timely and thoughtful response to that need.

The University of Tennessee System's partnership with UT Medical Center has created an academic health system that delivers exceptional patient care while advancing education, research, and clinical training. Continued investment in health care infrastructure is essential to meeting the region's current and future needs.

The proposed hospital would expand access to care in a rapidly growing area of Knox County, allowing patients to receive needed services closer to home and work. It would also strengthen UT Medical Center's capacity to serve the community through additional inpatient, emergency, surgical, and specialty care services.

The University Health System Board of Directors has carefully considered the proposal and supports the investment needed to bring it to fruition. UT Medical Center has a longstanding record of serving this region through patient care, education, and research. I am confident that the Northshore hospital will further advance that mission and help meet the health care needs of the community.

For these reasons, I respectfully urge approval of the Certificate of Need application for UT Medical Center at Northshore.

Sincerely,

David L. Miller
Senior Vice President & Chief Financial Officer
University of Tennessee System

Equipment				Cost	Class		
IT				\$6,275,208.86	Moveable	Moveable =	\$31,663,957.45
HOSPITAL REGISTRATION				\$150,000.00	Moveable	Fixed =	\$14,526,255.00
MRI XR US				\$4,434,860.00	Fixed	TOTAL	\$46,190,212.45
CT				\$890,000.00	Fixed		
CATH LAB				\$5,285,000.00	Fixed		
ECHOVASCULAR US				\$360,000.00	Moveable		
EMERGENCY DEPT				\$3,860,201.16	Moveable		
ONCOLOGY				\$3,916,395.00	Fixed		
MED-SURG				\$9,034,000.00	Moveable		
PERIOPERATIVE				\$7,461,700	Moveable		
PHARMACY				\$3,022,847.43	Moveable		
LABORATORY				\$250,000.00	Moveable		
FACILITY OPS				\$750,000.00	Moveable		
ADMINISTRATION				\$500,000.00	Moveable		
TOTAL				\$46,190,212.45			

Project Name : UT Medical Center at Northshore, LLC

Supplemental Round Name : 1

Certificate No. : CN2608-018

Due Date : 9/10/2026

Submitted Date : 9/10/2026

1. 7A. Type of Ownership of Control

Please attach an organizational chart for University Health System, Inc.

What other UHS affiliates are in the service area?

Response : Response: An ownership chart is submitted along with the organizational documents of the applicant, attached as Attachment 7AR.

The other UHS affiliated providers (not including HOPDs or clinics) in the area are shown in the table below:

UHS-AFFILIATED PROVIDERS			
Provider	County	Type of Service/Facility	Ownership
Knox Spine Center	Knox	ASTC - Orthopedics	UHS 25%, Neurological Associates 75%
Knoxville Center for Behavioral Medicine	Knox	IP & OP Behavioral Helath	UHS 20%, NHC 65%, Tennova 15%
Knoxvile Rehabilitation Hospital	Knox	Inpatient Physical Rehab	UHS 33.4%, Tennova 33.3%, Kindred 33.3%
University Orthopedics Surgery Center	Knox	ASTC - Orthopedics	UHS 25%, Ortho TN 75%
University Diagnostics (3 Centers - Northshore, Hall of Fame., Halls)	Knox	ODCs - Outpatient Imaging	UHS 72.5%, OIA 22.5%, University Radilogy affiliate 5%
UTMCHome Care	Knox	Home Health	UHS 33%, The Pennant Group 67%
Volunteer Surgery Center	Jefferson	ASTC - Multispecialty	UHS 18.72%, Tennova 54.3%, Physicians 27%

2. 10A. Floor Plan

Will the proposed facility have a helipad? If so, where will it be located?

Please attach documentation that the site is not located in a flood plain.

Response : No, a helipad is not planned for UTM CN at this time.

A FEMA map showing the site is not located in a flood plain is attached as Attachment 12AR.

3. 1E. Overview

Please confirm that the new hospital will pursue independent licensure from the main UTM C campus.

Please attach the following: [STATE OF TENNESSEE](#)

Please confirm whether the facility will have any ICU beds.

Will any outpatient services infrastructure be established at the new hospital?

Response : UT Medical Center at Northshore will be a separately licensed hospital. It will not be a satellite of UTM C.

A completed Bed Complement Chart is attached as Attachment Supp 3.

The proposed UTM CN will not have an ICU at this time.

The proposed UT Medical Center at Northshore Hospital will be supported by UT Medical Center's existing network of outpatient and primary care facilities throughout West Knoxville including the Northshore area, Loudon County, and Blount County. UT Medical Center currently operates outpatient locations in

proximity to the proposed service area, including Rocky Hill Family Physicians, UT Internal Medicine - Pellissippi, UT Medical - Lenoir City, and UT Primary Care Alcoa.

These facilities provide a broad range of outpatient services, including primary care, family medicine, internal medicine, geriatrics, preventive medicine, women's health services, cardiology, oncology, surgical specialties, rehabilitation services, and other physician services. This established ambulatory network provides the foundation for coordinated, community-based care and supports preventive care, chronic disease management, specialty referrals, and follow-up care across the region.

Rather than establishing a new outpatient network, the proposed hospital will complement and integrate with UT Medical Center's existing ambulatory infrastructure, strengthening the continuum of care and improving access to coordinated healthcare services for residents in the primary service area. This integration will enhance patient access, improve care coordination, and leverage existing UT Medical Center resources to support the delivery of high-quality care.

4. 2E. Rationale for Approval

Please attach any documentation on the historical patient base coming to main campus from ZIP codes in the proposed service area,

What is the high-end of acute care seasonal volume in-terms of staffed occupancy?

Will any service lines relocate from the main campus to the new facility?

Response : UTMC captured the following percentages of patients from the service area ZIP codes in 2025. The following is from THA data.

ZIP Code	UTMC Volume	UTMC Market Share
37737	209	26.80%
37772	248	16.60%
37777	477	33.80%
37909	493	28.40%
37919	1,033	34.80%
37921	1,155	31.20%
37922	773	24.60%
37923	666	22.30%
37931	753	22.50%
37932	481	21.90%
37934	400	17.50%
TOTAL	6,688	25.70%

At peak times, staffed occupancy exceeds 100%. In 2026, the maximum number of patients waiting for a bed at one time was 83. It is common for UTMC to have between 50-80 patients waiting for a bed most weekdays.

No service lines will relocate from UTMC to the new facility.

5. 1E. Overview

Does the applicant anticipate any differences in the types of priority cases for the cardiac catheterization laboratory at the new hospital vs main UTMC campus, i.e. will more interventional cases remain at the main campus lab?

Will there be any significant differences in types of surgical care offered at the proposed hospital and the main campus?

Will any outpatient practice offices be located onsite at the new hospital?

Response : Response: The cardiac catheterization laboratory at the new hospital will be designed to support diagnostic cardiac catheterizations and selected lower-acuity therapeutic catheterization procedures, including coronary interventions with a low likelihood of requiring post-procedural critical care services. Higher-acuity interventions and cases with an increased probability of requiring intensive post-procedural monitoring or critical care will continue to be planned and performed at the main hospital.

Response: It is expected that the acuity level of patients will generally be higher at UTMC than at the new hospital, so it follows that more high-risk surgeries will be performed at UTMC. More specifically, trauma cases coming in through the Level I Trauma Center E.D. will require higher risk surgeries. And open-heart surgeries will only be performed at UTMC.

While both inpatient and outpatient surgeries will be performed at the proposed Northshore Hospital, the range of procedures will be narrower than at UT Medical Center's main campus. UT Medical Center at Northshore will focus on routine and moderately complex surgical cases, expanding access and capacity for patients who do not require tertiary or quaternary care. The most complex and highest-acuity surgical procedures will continue to be performed at the main campus, which will remain the system's tertiary and quaternary referral center. The proposed Northshore hospital will complement, rather than duplicate, the surgical services available at UT Medical Center.

Response: No outpatient practice offices are proposed as part of the Northshore Hospital project. The proposed hospital will include hospital-based outpatient services that are typically associated with the operation of an acute care hospital and necessary to support patient care. However, this project does not include the development of a medical office building.

The proposed UT Medical Center at Northshore will be supported by UT Medical Center's existing network of outpatient and primary care facilities throughout West Knoxville including the Northshore area, Loudon County, and Blount County. UT Medical Center currently operates outpatient locations in proximity to the proposed service area, including Rocky Hill Family Physicians, UT Internal Medicine - Pellissippi, UT Medical - Lenoir City, and UT Primary Care Alcoa.

6. 2N. Service Area

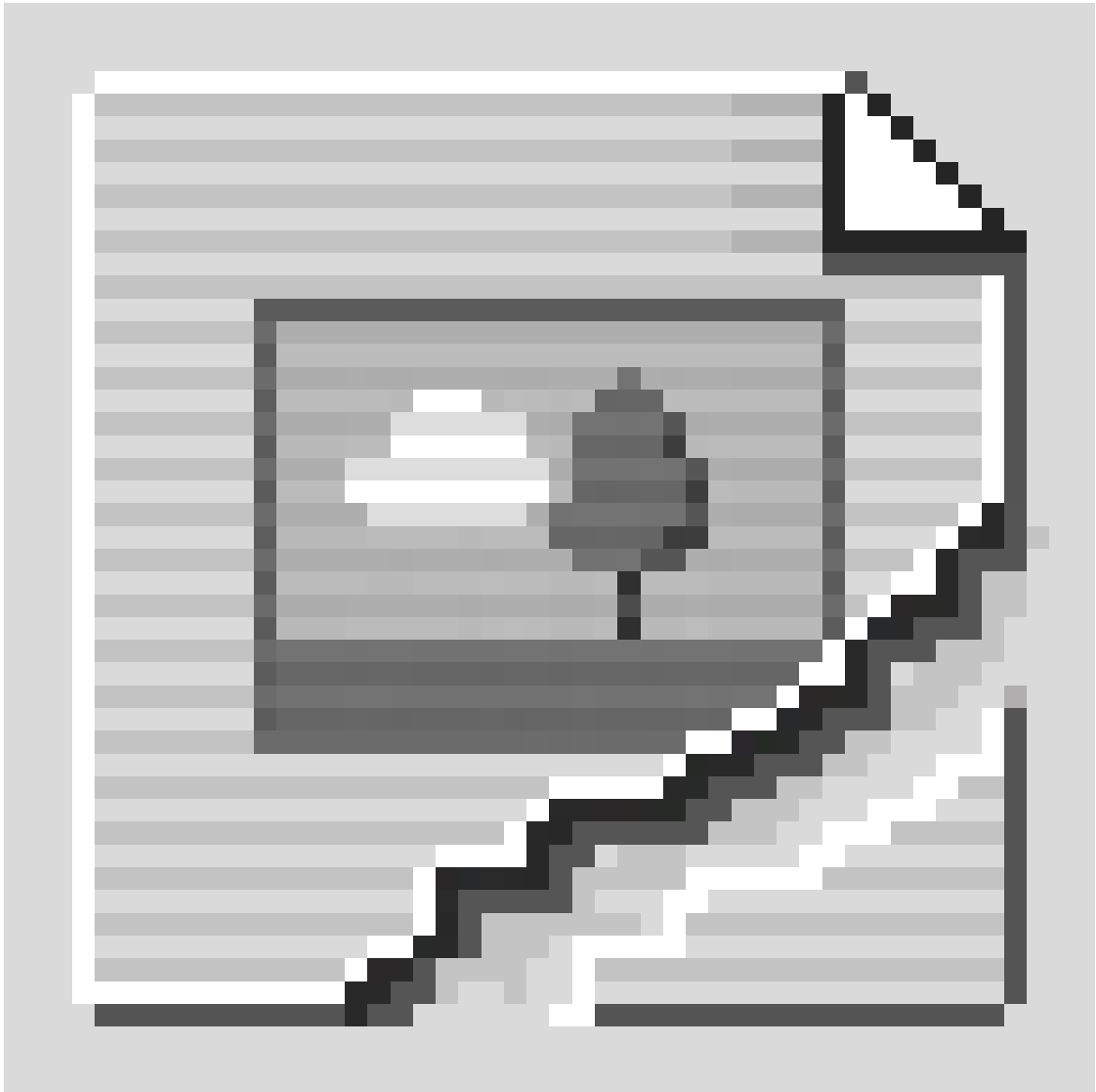
What percentage of historical utilization at UTMC is from these service area ZIP Codes?

What data can the applicant provide demonstrating historical acute care, and cardiac catheterization lab utilization at the ZIP Code level.

Please provide any available historical utilization data related to in-migration and out-migration of patients from the service area for tertiary vs. non-tertiary care.

Response : Response: The service area ZIP codes represented the following shares of UTMC's 2025 utilization, based on UTMC's total 2025 volume of 37,102 patients. For each ZIP code, utilization was calculated by dividing the number of patients from that ZIP code who received care at UTMC by UTMC's total 2025 volume. The analysis is based on THA data.

Res



Response: The requested information as to acute care is included above. The requested data as to cardiac cath is attached as Attachment Supp 6.

Response: The applicant did not find any data specific to in-migration and out-migration for tertiary vs. non-tertiary care. The assumption would be there is more in-migration for tertiary care than for non-tertiary care.

7. 6N. Utilization and/or Occupancy Statistics

The Forvis Mazars study is noted. Please provide additional detail regarding the applicant's methodology in developing its projected utilization for the new facility. The description must include detailed calculations or documentation from referral sources, and identification of all assumptions.

What is the expected extent of the internal redistribution of care from within UHS?

Response : **Response:** The assumption was made that the new facility would have 3,400 discharges in 2030 based on the current UTMC capture from these ZIP codes (over 6,600) and projected population growth. This is approximately half of the current volume traveling to the UTMC main campus, which was deemed a reasonable assumption.

Based on an ALOS of 3.5, the 2030 patient days would be: $3,400 \text{ discharges} \times 3.5 \text{ days} = 11,900 \text{ Patient Days}$

Assumption: The 2030 observation patients of 425 was based on a similar assumption to the discharge volume. With an ALOS of 2 days, this would mean 850 observation days. $425 \text{ patients} \times 2 \text{ days} = 850 \text{ Observation Days}$

Summing these two patient days values would be: $11,900 \text{ days} + 850 \text{ days} = 12,750 \text{ Total Occupied Bed Days}$

Next, it was assumed that the new facility is licensed and staffed for the requested 60 beds. This means the 2030 available days of licensed beds would be 21,900.

$60 \text{ beds} \times 365 \text{ days in a year} = 21,900 \text{ Available Days of Licensed Beds}$

The licensed occupancy and staffed occupancy for 2030 were then found by:

$12,750 \text{ total occupied bed days} / 21,900 \text{ available days of licensed beds} = 58\% \text{ occupancy}$

Assumption: Discharge projections for 2031 and 2032 were assumed to be 3,800 and 4,000, respectively, due to projected population growth in the area and volume growth within the proposed facility. Subsequent calculations for 2031 and 2032 projected utilization followed the same methodology as outlined above.

Response: The assumed internal redistribution rate averaged approximately 4%-7% depending on the service line.

8. 2E. Rationale for Approval

Please discuss any specific overflow demand at the main campus for service lines (cardiac catheterization, etc.) that will be established at the new facility and discuss the expected measurable impact on reduction in backlogs and wait times for those services resulting for capacity expansion.

Is the new facility expected to serve a similar inpatient acuity profile as the main campus or will the additional capacity serve to decompress lower acuity cases from the main campus?

Please provide an overview of the [CMS quality ratings](#) relative to other service area hospitals.

Response : **Response:** The proposed UT Medical Center at Northshore hospital will expand capacity for key service lines currently provided at UT Medical Center's main campus, including cardiac catheterization, surgery, imaging, and inpatient care. By providing these services in the primary service area, the project will help accommodate growing patient demand, improve scheduling flexibility, and reduce capacity constraints at the main campus. The additional procedural and inpatient capacity is expected to improve patient throughput, enhance access to care, and reduce wait times for elective services by distributing volume across UT Medical Center's system. This expansion will better position UT Medical Center to meet the healthcare needs of a rapidly growing service area.

Response: The proposed UT Medical Center at Northshore hospital is not expected to serve an inpatient acuity profile comparable to the main campus. Rather, it is intended to accommodate lower-acuity inpatient volumes and help decompress demand at the main campus. The projected case mix index (CMI) for the Northshore hospital is approximately 1.35, compared with approximately 2.0 at the main campus, reflecting a less complex patient population.

The inpatient mix at Northshore is expected to be predominantly medical, with more than 90% of patients projected to be medical admissions. Serving lower-to-moderate acuity patients who can be safely treated in a community hospital, this hospital will help relieve capacity at UT Medical Center's main campus and improve patient flow.

Response: A table reflecting the CMS ratings, as well as U.S. News and World Report Hospital Rankings is attached as Attachment Supp 8.

9. 3C. Effects of Competition and/or Duplication

Are there any differences in the service lines, and specialty certifications between other service area acute care facilities and this project.

Are there any differences the type of linear accelerator unit from other locations in the service area?

Response : Response: The proposed UT Medical Center at Northshore will offer a comprehensive community hospital platform that includes emergency services, inpatient medical/surgical care, surgery, cardiac catheterization, diagnostic imaging, and radiation therapy. While many of these services are also available at other acute care hospitals within the service area, the proposed project will distinguish itself through its direct integration with the UT Medical Center's main campus, the region's academic medical center and Level I Trauma Center.

UTMC Northshore will be part of a clinically integrated health system that provides coordinated access to specialty physicians, advanced tertiary and quaternary services, graduate medical education programs, research initiatives, and established quality management infrastructure. Patients requiring higher-acuity or highly specialized services will have access to seamless transfer and referral pathways within the UTMC system. The facility intends to pursue all applicable state licensure, regulatory approvals, and accreditation standards appropriate for a hospital of its size and scope.

As operations mature, UTMC Northshore will evaluate specialty designations and certifications that align with community needs, patient volumes, and clinical capabilities. Accordingly, while the proposed hospital will provide many of the core services offered by existing hospitals in the service area, its integration with the UTMC academic health system, coordinated care model, access to specialty resources, and system-wide quality oversight represent meaningful differentiators that enhance patient access, continuity of care, and overall consumer choice.

Response: The linear accelerator is a Varian TrueBeam of which there are several in the area. There are 3 such units at UTMC, 2 at Thompson Cancer Survivors Center, 1 at Covenant Health Morristown-Hamblen, and 1 at Prisma Blount Memorial.

10. 3N. Demographics

Please revise the Median Household Income for the State of TN in Attachment 3NB.

Please describe the ZIP Codes of the service area by poverty rate, percentage of the population that is uninsured, median household income and any other available factors included in the referenced analysis.

If data is not available from the applicant's market research, please detail the service area ZIP Codes using [Census Data](#) sources.

Response : Response: A corrected population and demographics table is attached as Attachment 3NBR.

Response: Please see the table below. The source of this data is Claritas.

37737	6.7%	10.8%	\$81,963
37772	3.8%	3.5%	\$142,093
37777	12.9%	16.9%	\$65,714
37909	20.2%	13.3%	\$54,039
37919	12.8%	9.8%	\$74,222
37921	20.2%	13.3%	\$54,039
37922	3.8%	3.5%	\$142,093
37923	20.2%	13.3%	\$54,039
37931	11.50%	9.9%	\$66,183

37932	3.8%	3.5%	\$142,093
37934	3.8%	3.5%	\$142,093

Response: The source of the data in the table above is Claritas.

11. 4N. Special Needs of Service Area

What is the UHS clinic presence for cardiology, and oncology in the in the proposed service area, including Loudon and Blount Counties?

Response : Response:

Cardiology:

- **2 full-time cardiologists (Dr. Thompson and Dr. Villarosa) and 1 APP at Turkey Creek location**
- **1 full-time cardiologist at Lenoir City (Dr. Wehber), and a few others who rotate there for what equates to 2 functional FTEs of cardiologists there, plus 1 APP**
- **1 full-time cardiologist at Hardin Valley (Dr. Eichholz)**
- **Anticipate opening Blount County cardiologist with 1 full-time cardiologist and 1 APP in 2027**

Oncology

UTMC currently offers Medical Oncology clinic and infusion services in both locations with 2 Physician FTEs in Blount and 1.5 in Loudon County. Currently, UHS does not have a Radiation Oncology presence in either of those locations.

12. 4C. Accessibility to Human Resources

Does the applicant have any market specific data supporting the availability of adequate nursing and other direct care staff in the region?

ResponseResponse: Below is an evaluation of workforce availability using state workforce proje
: regional nursing workforce data, labor market information, and local educational pr
capacity.

Regional Workforce Capacity

The Tennessee Center for Nursing Advancement (TCFNA), in partnership with East Tennessee State University's Center for Rural Health Research, maintains regional nursing work dashboards specifically designed to evaluate workforce supply and demand across Tennessee and the Appalachian region, including East Tennessee. These resources provide county-level regional workforce information regarding registered nurses (RNs), licensed practical nurses (LPNs), advanced practice providers, and community health indicators. [\[tcfna.org/storymaps.arcgis.com\]](https://tcfna.org/storymaps.arcgis.com/), [\[tcfna.org\]](https://tcfna.org/)

Statewide Nursing Supply Demonstrates a Large Available Workforce

According to the Tennessee Hospital Association's "Tennessee Health Workforce Projection 2021-2035," Tennessee's active nursing workforce included approximately:

- 62,900 RN full-time equivalents (FTEs)
- 22,500 LPN FTEs
- 13,260 Nurse Practitioner FTEs
- More than 5,000 Social Worker FTEs

The report further notes that Tennessee employs substantially more LPNs and Nurse Practitioners than would be expected based on national utilization patterns, creating additional flexibility in the healthcare workforce and helping offset shortages in other disciplines. [\[tha.com\]](https://tha.com/)

East Tennessee produced approximately 1,744 new licensed nurses (1,281 RNs and 463 LPNs) in 2024 with programs continuing to grow in 2025.

The volume of nursing graduates, coupled with the presence of multiple nursing education programs distributed across the region, demonstrates the continued availability of qualified nursing personnel and supports UT Medical's ability to recruit and retain the nursing workforce necessary to support the proposed project.

Educational Pipeline Supports Workforce Availability

East Tennessee contains a strong and continuing workforce pipeline through:

- University of Tennessee College of Nursing
- East Tennessee State University College of Nursing
- Walters State Community College
- Mississippi State Community College
- Roane State Community College
- South College
- Lincoln Memorial University
- Carson-Newman University

These institutions collectively graduate significant numbers of RNs, LPNs, nurse practitioners and allied health professionals annually and represent an ongoing source of healthcare talent.

employers throughout the region. The Tennessee Hospital Association workforce study specifically identifies educational programs and workforce pipeline development as a key component of Tennessee's long-term healthcare staffing strategy. [\[tha.com\]](https://tha.com)

Three Knoxville-area programs alone (South College, TCAT Knoxville, and TCAT Hartsville) produced approximately 217 graduates, representing nearly half of the East Tennessee workforce pipeline. [\[tn.gov\]](https://tn.gov)

The East Tennessee service area demonstrates a robust practical nursing workforce pipeline. In 2024, regional LPN programs produced approximately 463 graduates who sat for the NCLEX examination, with an aggregate first-time pass rate of nearly 95%. Key workforce contributors include South College (102 graduates), TCAT Knoxville (87 graduates), TCAT Elizabethton (77 graduates), Appalachian Regional PN Program (58 graduates), TCAT Morristown (56 graduates) and TCAT Athens (50 graduates). These graduation and licensure outcomes demonstrate the continued availability of newly trained direct care personnel within the East Tennessee labor market and support the applicant's ability to recruit qualified practical nursing staff for the proposed project. [\[tn.gov\]](https://tn.gov).

These graduation and licensure outcomes demonstrate the continued availability of newly trained direct care personnel within the East Tennessee labor market and support the applicant's ability to recruit qualified practical nursing staff for the proposed project.

East Tn LPN

Labor Market Conditions Demonstrate Continued Workforce Availability

The Tennessee Department of Labor and Workforce Development continues to track healthcare occupations as high-demand professions throughout Tennessee. While demand for nurses remains robust, the existence of an active workforce, continuing licensure growth among registered nurses, and multiple educational pipelines provide employers with ongoing access to qualified candidates. State workforce data demonstrate that the number of active Registered Nurse licenses continued to increase in Tennessee, reflecting an expanding nursing workforce available to healthcare employers. [\[tn.gov\]](https://tn.gov), [\[tn.gov\]](https://tn.gov).

Ability to Staff the Proposed Project

The staffing requirements associated with the proposed project represent only a small fraction of the existing healthcare workforce within East Tennessee. The project does not require the creation of a new labor market but rather recruitment from an established regional workforce supplied by existing educational institutions, healthcare employers, and workforce development organizations.

In addition, the applicant maintains established recruitment and retention strategies, including

- Competitive compensation and benefits
- Clinical education partnerships
- New graduate recruitment programs
- Career advancement opportunities
- Continuing education assistance
- Internal workforce development initiatives

These strategies align with widely adopted recruitment practices utilized successfully throughout the Tennessee healthcare market.

Impact on Existing Providers

We do not anticipate a material adverse impact on workforce availability for existing health providers in the service area. East Tennessee maintains an established healthcare labor market supported by multiple hospitals, health systems, educational institutions, and workforce development partners. The proposed staffing levels can reasonably be achieved through new recruitment, retention, and workforce development efforts without significantly disrupting existing providers' staffing patterns. [\[tcfna.org\]](http://tcfna.org), [\[tha.com\]](http://tha.com)

Based upon data from the Tennessee Center for Nursing Advancement, East Tennessee University, the Tennessee Department of Labor and Workforce Development, and the Tennessee Hospital Association workforce projections, East Tennessee possesses an established continuing supply of nursing and direct care professionals. The applicant believes adequate workforce resources exist to staff the proposed project safely and effectively and that the project can be implemented without creating a significant adverse impact on the regional healthcare market. [\[tcfna.org\]](http://tcfna.org), [\[tn.gov\]](http://tn.gov), [\[tha.com\]](http://tha.com)

Sources

1. Tennessee Hospital Association, *Tennessee Health Workforce Projections: 2021-2027*. [\[tha.com\]](http://tha.com)
2. Tennessee Center for Nursing Advancement, *Tennessee Nursing Workforce & Community Health Dashboard*. [\[tcfna.org\]](http://tcfna.org)
3. East Tennessee State University Center for Rural Health Research Workforce Dashboard. [\[tcfna.org\]](http://tcfna.org)
4. Tennessee Department of Labor & Workforce Development Workforce Data Resources. [\[tn.gov\]](http://tn.gov), [\[tn.gov\]](http://tn.gov)

Academic Programs	2024	2025	2026 (Projected)	2027 (Projected)
UT Medical and University of Tennessee College of Nursing	39	42	93	81
Nursing Scholars				

UT Medical School of Radiography	9	8	12	16
Total Graduates	48	50	105	16

In addition to the region's established nursing and allied health educational programs, UT M Center maintains workforce development partnerships that directly support future staffing. The UT Medical Center and University of Tennessee College of Nursing Scholar Program graduated 39 nurses in 2024 and 42 nurses in 2025, with 93 graduates projected for 2026. Additionally, the UT Medical Center School of Radiography graduated 9 students in 2024 and 8 students in 2025, with projected graduating classes of 12 in 2026 and 16 in 2027. These programs provide a continuing pipeline of clinical professionals to support healthcare workforce needs in East Tennessee.

13. 5C. License/Certification

Please describe any expected differences in service lines to be offered at the new hospital and the main campus. Will the new facility pursue and specialty certifications for trauma care, stroke, etc?

Please discuss any differences expected to exist between the applicants plan for data, reporting, quality improvement and outcome and process monitoring systems at the new hospital compared to UTMC?

Response : **Response:** The proposed UT Medical Center at Northshore will function as a community-based acute care hospital that complements the services provided at UT Medical Center's main campus. While the Northshore facility will provide a broad range of inpatient, outpatient, emergency, surgical, cardiovascular, and imaging services, the UTMC main campus will continue to serve as the system's academic medical center and tertiary/quaternary referral hub for highly specialized, complex, and resource-intensive care. This includes services that support UTMC's role as a regional referral center and Level I Trauma Center. The proposed hospital is intended to provide convenient access to high-quality acute care services closer to where patients live, while maintaining coordinated referral and transfer pathways to the UTMC main campus when higher-acuity or specialized services are required. The clinical programs at Northshore are not intended to fully replicate the breadth and depth of services available at the main campus but rather to provide an integrated extension of the UTMC care delivery network. The facility intends to pursue all applicable licensure, accreditation, and regulatory requirements appropriate for the services offered. As the hospital matures, UTMC will evaluate specialty certifications and designations that align with community needs, service volumes, and clinical capabilities. Any future specialty certifications will be pursued in a manner consistent with maintaining high-quality patient care and alignment with the overall UTMC system strategy.

Response: UT Medical Center at Northshore will operate under the quality, patient safety, compliance, and performance improvement framework established by University Health System and UT Medical Center. The proposed hospital is expected to utilize the same core policies, clinical protocols, performance metrics, reporting structures, quality improvement methodologies, and oversight processes that are currently in place at UTMC. This approach is intended to promote consistency in patient safety, clinical effectiveness, operational performance, regulatory compliance, and care delivery across the system. Clinical outcomes, patient experience measures, quality indicators, utilization metrics, and other operational performance measures will be monitored through integrated reporting and governance processes. The Northshore facility will benefit from UTMC's established resources in quality management, clinical leadership, workforce development, regulatory compliance, and performance improvement. While certain operational processes may be adapted over time to address the unique needs and scale of the Northshore campus, no material differences are anticipated in the overall approach to data collection, reporting, quality oversight, outcomes measurement, or process improvement. The intent is to maintain a unified system-wide quality structure that supports consistent standards of care and continuous performance improvement across all UTMC facilities.

14. 6C. Historical/Projected Data Chart

Are emergency department encounters included in the unit of measure for the Projected Data Chart?

Response : Response: Yes, the following number of E.D. visits were included in the total encounters on the Projected Data Chart:

Year 1: 10,200

Year 2: 11,400

Year 3: 12,000 (not included on the 2-year PDC)

15. 8C. Proposed Charges

Are the projected average gross charges for Year One based on a specific increase over the four years from current? Please explain the baseline vs projected.

Response : Response: The gross charges were built on an acuity adjusted basis using historical UTMC data, not on a projected increase from current charges. The increase of gross charges between Yer 1 and Year 2 a is related to volume increase, not a price increase. There are no price increases assumed or included in the projections between Year 1 and Year 2.

16. 9C. Other Facilities Charges

Please compare MRT procedure costs with other units in the service area.

Response : **Response:** A table comparing the 2025 average charges of other MRT providers in the service area to UTMCM's proposed 2030 average charge is attached as Attachment Supp 15.

17. 7Q. Legal Judgements

Please address the following:

<https://www.justice.gov/usao-edtn/pr/labcorp-and-university-health-system-agree-pay-388667-resolve-allege>

Response : **Response:** UHS was involved as a settling party in a Qui Tam ("whistle-blower") action brought against Laboratory Corporation of America and its subsidiaries (LCA) by a former employee of Caris Life Sciences. The case involved genetic testing billed by a third-party laboratory, Caris Life Sciences, as a result of laboratory testing ordered by certain employees of UHS through LCA. UHS did not admit to, and was not found guilty of, any wrongdoing or illegal activity. The parties cumulatively paid \$388,667.17 of which \$204,561.67 was restitution, as settlement of the lawsuit. The conduct complained of occurred at various times up to November 23, 2023. The Settlement agreement was executed on September 20, 2024. There was no program exclusion or other punitive action taken against UHS or any other party.

18. 1N. Criteria and Standards

Attachment 1N, Acute Care Beds, Criterion 5, Services to High-Need or Underserved Populations

Does the applicant have any data demonstrating that it is serving higher percentage of low-income patients at UTMCM than other providers in the service area?

Response : **Response:** Using publicly available data of other providers' charges and revenues to attempt to compare levels of services to the low-income population would not be accurate or meaningful. UTMCM provides a considerable amount of uncompensated care and government subsidized care to the low-income population. In 2025, UTMCM provided the following levels of care to low-income individuals:

- Self Pay - (\$17,388,223)
- Government Payors - (\$61,034,797)
- Charity - (\$26,259,582)

- **Total - (\$104,682,602)**

UTMC has also opened and plans to open locations serving populations that lack proper access to care: Examples Jamestown Freestanding Emergency Department, Western Heights which will offer OB/GYN, and Primary Care and Oneida which offers specialty care: Cardiology, Midwifery, and Rheumatology.

19. 1N. Criteria and Standards

Attachment 1N, Acute Care Beds, Criterion 8, Adequate Staffing

Please discuss any projects of similar scope that the applicant has staffed historically.

Will a nurse residency program be established at the new site?

Please discuss the integration of resources as an academic medical center with recruitment, onboarding, education and retention programs at the proposed hospital. How is this model different from other facilities located in the proposed service area?

Response : Response:

Recruitment and Staffing Outcomes by Location

Jamestown

- **26.85 FTEs identified for startup operations.**
- **Recruitment included nursing, emergency medicine, imaging, pharmacy, and registration functions.**
- **Conducted a local hiring event in Fentress County.**
- **Successfully filled 33 positions following recruitment efforts.**

Halls

- **Successfully staffed a multi-specialty ambulatory operation.**
- **Recruitment strategy included external applicants, internal transfers, and backfill planning.**
- **Positions filled across nursing, rehabilitation, imaging, respiratory, sleep medicine, and support functions.**

Morristown

- **Approximately 36.56 FTEs identified across clinical and support departments.**
- **Local hiring event conducted before opening.**
- **Successfully recruited staff across nursing, pharmacy, imaging, respiratory therapy, rehabilitation, specialty clinical services, and advanced practice providers.**

New Emergency Department Expansion at UTMC Main campus

- **Successfully planned and staffed UT Medical Center's new Emergency Department expansion that opened in January 2026.**
- **Recruitment included registered nurses, nursing technicians, registration staff, and support team members.**
- **Staffing was achieved through a combination of external recruitment and internal advancement opportunities.**

UT Medical has demonstrated a proven ability to recruit and retain highly skilled healthcare professionals across multiple East Tennessee expansion projects. Recent operational expansions in Jamestown, Halls, and Morristown required recruitment of nurses, advanced practice providers, imaging technologists, pharmacists, respiratory therapists, rehabilitation professionals, sleep medicine specialists, paramedics, and patient support personnel. Through targeted recruitment campaigns, local hiring events, internal workforce development strategies, and succession planning, the organization successfully staffed these new operations. This demonstrated recruitment success across diverse clinical disciplines supports the applicant's ability to secure the workforce necessary for the proposed project and provides evidence of adequate staffing availability within the East Tennessee market.

Response: Yes, a Nurse Residency Program will exist from the outset at Northshore Hospital. It will be an extension of the existing program at UTMC: a year-long experience that is structured and evidence-based, it includes both didactic and experiential milestones, etc.

Response: The proposed hospital will leverage the health system's existing workforce infrastructure to support recruitment, onboarding, professional development, and long-term staffing sustainability. As part of an academic medical center and Magnet-recognized health system, the hospital will benefit from a robust pipeline of experienced clinicians, nationally recognized nursing excellence programs, comprehensive educational resources, and workforce development initiatives that distinguish it from many healthcare providers within the proposed service area.

Experienced team members from current UT Medical facilities will have opportunities to transfer or relocate to the proposed hospital, allowing them to broaden their clinical expertise, assume expanded leadership responsibilities, and contribute to the development of a new healthcare campus. Opportunities may include advancement into Team Leader roles, service line champion positions, expert preceptor and mentorship responsibilities, participation in interdisciplinary committees, and other leadership development pathways. This strategy provides immediate access to experienced staff while supporting employee engagement, retention, succession planning, and workforce stability.

The health system maintains strong partnerships with universities, nursing schools, and allied health training programs throughout the region, creating a sustainable workforce pipeline and providing students with clinical learning experiences that support their transition into long-term careers within the organization. In addition to these external partnerships, the organization invests in internal workforce development through programs such as its radiologic technology program and the BSN Scholar Nurse Program in partnership with the University of Tennessee College of Nursing.

A key differentiator of the proposed hospital is the comprehensive onboarding and transition-to-practice support available through the academic medical center infrastructure. New graduates and experienced hires alike will benefit from standardized onboarding processes, specialty-specific orientation plans, dedicated preceptors, nurse residency programs, competency-based education, simulation training, and ongoing mentorship opportunities. These resources are designed to accelerate competency, promote confidence and engagement, and support successful integration into the clinical environment. The academic medical center's established educational framework enables a level of onboarding support and professional development that is not commonly available in many community hospital settings.

Team members at the proposed hospital will also have access to comprehensive educational and professional development resources, including specialty certification support, clinical advancement pathways, evidence-based practice initiatives, continuing education opportunities, tuition assistance, leadership development programs, and participation in research and quality improvement activities. As a Magnet-recognized organization, the health system promotes nursing excellence, shared governance, professional autonomy, and lifelong learning, creating an environment in which team members are empowered to contribute to decision-making and advance professionally throughout their careers.

Unlike many facilities in the proposed service area that rely primarily on external recruitment to meet staffing needs, the proposed hospital will utilize an integrated workforce model that spans recruitment, onboarding, education, leadership development, and retention. The combination of academic medical center resources,

Magnet recognition, established university partnerships, internal workforce development programs, structured transition-to-practice support, and opportunities for career advancement creates a sustainable staffing strategy that is unique within the market. This comprehensive approach enhances workforce stability, improves retention, supports clinical excellence, and ensures continued access to highly qualified healthcare professionals to meet the evolving healthcare needs of the communities served.

20. 1N. Criteria and Standards

Attachment 1N, Acute Care Beds, Criterion 11, Quality Control and Monitoring

Please discuss any anticipated overlap with UTMC clinical leadership, quality assurance policies and programs, utilization review policies and programs, record keeping, staff education etc.

Response Response: The proposed center will leverage and align with UT Medical Center's established infrastructure, leadership expertise, and operational support systems to ensure consistent, high-quality patient care from inception. This approach reflects a best practice commonly utilized by leading academic and integrated health systems, where new facilities and service lines are supported through existing clinical, quality, operational, and educational frameworks rather than creating duplicative administrative structures.

UT Medical Center's size, market presence, and reputation as East Tennessee's academic medical center position the organization uniquely to recruit, retain, and develop highly qualified clinical and operational talent. The organization's strong employer brand, educational partnerships, residency and training programs, and nationally recognized clinical services enhance its ability to attract the best and brightest healthcare professionals to support both existing operations and new strategic growth initiatives.

The proposed center will operate under the direction and oversight of existing UT Medical Center clinical leadership structures and will have significant overlap with established organizational resources including:

Clinical Leadership

Clinical services will operate under the oversight of existing physician, nursing, and operational leadership teams to ensure consistent standards of practice, clinical accountability, and patient outcomes.

Quality Assurance & Performance Improvement	The center will participate in UT Medical Center's enterprise quality assurance programs. Patient safety, infection prevention, risk management, and performance improvement programs. Quality metrics, patient outcomes, and regulatory compliance activities will be monitored through existing governance processes.
Utilization Review & Care Management	Existing utilization review, case management, care coordination, and compliance processes will support the center to ensure appropriate resource utilization and adherence to payer and regulatory requirements.
Policies & Procedures	Clinical, operational, and administrative policies will be consistent with UT Medical Center standards, creating uniform practices across the organization and ensuring alignment with accreditation and regulatory expectations.
Medical Records & Documentation	The center will utilize UT Medical Center's established electronic medical record, documentation standards, record retention processes, privacy safeguards, and health information management resources.
Staff Education & Workforce Development	Team members will participate in the organization's established orientation, competency validation, continuing education, leadership development, and annual training programs. Access to academic partnerships and professional development resources will further workforce readiness and retention.
Recruitment & Talent Acquisition	The center will leverage existing recruitment infrastructure, workforce planning resources, educational affiliations, student pipelines, residency programs, and employee referral networks to support staffing efforts.

This integrated model allows the proposed center to benefit immediately from established capabilities while maintaining consistency in clinical quality, patient safety, regulatory compliance, and workforce development. It also supports efficient use of organizational resources and seamless coordination across the health system.

Given UT Medical Center's demonstrated success in recruiting multidisciplinary clinical talent through recent expansion projects throughout East Tennessee, its established educational partnerships, and the region's robust nursing and allied health workforce pipeline, the organization is well-positioned to recruit, develop, and retain the talent necessary to support the proposed center. The overlap with existing leadership, quality programs, utilization management, clinical governance, education, and operational infrastructure will further strengthen the center's ability to provide high-quality, patient-centered care while supporting long-term operational sustainability.

21. 1N. Criteria and Standards

Attachment 1N, Acute Care Beds, Criterion 13, Community Linkage Plan

Please describe in greater detail area the applicant's affiliates and partnerships with other services in the area. Please list specific entities.

Response : Response: The other UHS affiliated providers (not including HOPDs or clinics) in the area are shown in the table below:

UHS-AFFILIATED PROVIDERS			
Provider	County	Type of Service/Facility	Ownership
Knox Spine Center	Knox	ASTC - Orthopedics	UHS 25%, Neurological Associates 75%
Knoxville Center for Behavioral Medicine	Knox	IP & OP Behavioral Health	UHS 20%, NHC 65%, Tennova 15%
Knoxville Rehabilitation Hospital	Knox	Inpatient Physical Rehab	UHS 33.4%, Tennova 33.3%, Kindred 33.3%
University Orthopedics Surgery Center	Knox	ASTC - Orthopedics	UHS 25%, Ortho TN 75%
University Diagnostics (3 Centers - Northshore, Hall of Fame., Halls)	Knox	ODCs - Outpatient Imaging	UHS 72.5%, OIA 22.5%, University Radiology affiliate 5%
UTMCHome Care	Knox	Home Health	UHS 33%, The Pennant Group 67%
Volunteer Surgery Center	Jefferson	ASTC - Multispecialty	UHS 18.72%, Tennova 54.3%, Physicians 27%

22. 1N. Criteria and Standards

Attachment 1N, Cardiac Catheterization Services, Criterion 16. Minimum Physician Requirements for Initiate a New Service

Please identify at least two of the cardiologists and document the number of therapeutic cardiac catheterization procedures they have performed individually over the most recent 5-year period.

Response : Response: Interventional Cardiologist Dr. Raj Baljepally has performed more than 1,500 therapeutic cardiac catheterization procedures during the past five years, averaging over 300 procedures annually. Interventional Cardiologist Dr. Carmelo

Venero has performed more than 1,700 therapeutic cardiac catheterization procedures during the same period, averaging over 350 procedures annually.

During the past five years, Interventional Cardiologist Dr. Raj Baljepally has performed 1,522 therapeutic cardiac catheterization procedures, while Interventional Cardiologist Dr. Carmelo Venero has performed 1,782 therapeutic cardiac catheterization procedures. These volumes equate to annual averages of approximately 304 and 356 procedures, respectively.

23. 1N. Criteria and Standards

Attachment 1N, Cardiac Catheterization Services, Criterion 17. Staff and Service Availability

When does the applicant expect the 24/7 emergency coverage will be met?

Response : Response: Initially, after-hours emergency cardiac catheterization services will be supported by the main campus through established transfer agreements. The applicant anticipates implementing 24/7 emergency coverage at the new hospital within 24 to 36 months of opening as program volumes and resources grow.

24. 1N. Criteria and Standards

Attachment 1N, Megavoltage Radiation Therapy, Criterion 1, Determination of Need

Please discuss the methodology used to arrive at these projections.

Please update the projections using the [CDC data for 2019-2023](#), or provide more detailed data from the Tennessee Cancer Registry that has been used to develop the median cancer rate for each county as the Annual Report does not appear to include median rates for the service area counties.

Response : Response: In working through the need criteria in Criteria and Standards item 1(d) the applicant clicked on the link in the Criteria and Standards that was cited as being that for the Tennessee Cancer Registry. That website was not active and gave a “404! Whoops and Uh-Oh” error message. Following another link on that error page the applicant was able to locate a site for the Tennessee Cancer Registry. That site had a link to the “Annual Cancer in Tennessee Report.”

That Report included Age-Adjusted Cancer Incident rates for each county, but each county has a range per 100,000 population, rather than a specific cancer incident rate. Please see Attachment 1N(7). The applicant calculated the median cancer incidence rate for each county in the PSA, based on the range given for each such county.

The median cancer incidence rate was applied to the projected 2030 population for each PSA County, taken from the Boyd Center Population Projections. This resulted in the estimated number of cancer patients in each PSA County. According to the Criteria, 60% of the estimated cancer patients should be considered to be MRT patients. That calculation produced the estimated number of MRT patients in the PSA Counties. The results of this methodology are reflected in Attachment 1N(7): there are an estimated 3,394 cancer patients and 2,037 MRT patients in the 3 PSA Counties (by 2030).

The Criteria direct that an applicant should project a minimum of 3,162 MRT treatments in Year 1, increasing to 6,323 treatments in Year 3. The applicant projects 4,000 MRT treatments in Year 1, increasing to 6,000 in Year 3. These projections meet the minimum threshold for Year 1, and are just slightly under the threshold in Year 3. The projected number of treatments was based on the historical utilization of the linear accelerators at UPMC, which were operating at 103% of the optimal capacity in 2025, and the strong population growth in the PSA.

The Criteria direct that the applicant should compare the data discussed above to the data from the HFC Equipment Registry to determine the need. The applicant accessed the HFC data to determine the number of MRT treatments being provided in the service area. The results are reflected in Attachment 1N(9)R, which is a revised from the one originally submitted. From this it appears the existing linear accelerators are operating area wide at 161% of optimal capacity, and 129% of maximum capacity.

Response: Please see the discussion above for an explanation of how the median cancer incidence rates were determined based on data in the “Annual Cancer in Tennessee Report” from the Tennessee Cancer Registry.

25. 1N. Criteria and Standards

Attachment 1N, Megavoltage Radiation Therapy, Criterion 7, Patient Safety and Quality of Care

Please identify the unit to be installed and document FDA approval for the unit.

The applicant's pursuit of Joint Commission Accreditation for its radiation oncology program is noted. Does the applicant intend to pursue any other accreditation for the operation of the linear accelerator - ASTRO, ACR, ACRO, etc.?

Please confirm whether the center will have a dedicated radiation oncologist to serve as medical director with defined responsibilities overseeing quality assurance for the site.

Response : Response: The linear accelerator is the Varion TrueBeam. The information regarding approval of the linear accelerator for use, from the FDA website is shown below:

Establishment Registration & Device Listing	
FDA Home Medical Devices Databases	
New Search Back To Search Results	
Proprietary Name:	TrueBeam, TrueBeam STx, Edge, VitalBeam
Classification Name:	ACCELERATOR, LINEAR, MEDICAL
Product Code:	IYE
Device Class:	2
Regulation Number:	892.5050
Medical Specialty:	Radiology
Registered Establishment Name:	Varian Medical Systems, Inc.
Registered Establishment Number:	3015548663
Premarket Submission Number:	K213977
Owner/Operator:	Varian Medical Systems, Inc
Owner/Operator Number:	2914292
Establishment Operations:	Manufacturer

Response: UTMC’s radiation therapy program is accredited by ASTRO. The applicant will pursue ASTRO accreditation for the radiation therapy program at UTMCN.

Response: The Medical Director will be S. Vaughn Dill, M.D., a board-certified radiation oncologist. His job duties will include quality assurance of treatment delivery.

26. 1N. Criteria and Standards

Attachment 1N(1)

Please identify the HDDS report(s) number used in the market bed need analysis table.

Response : Response: The reference to HDDS in the table in Attachment 1N(1) was erroneous. The source is THA data. A revised table with the HDDS reference removed is shown below, and attached as Attachment 1N(1)R.

UTMC Northshore Bed Need Analysis											
Based on Population, Use Rate, ALOS, Occupancy Rate, Market Share, & In-Migration											
UTMC Current Beds in Operation in PSA = 0											
	PSA Population Estimate	PSA Acute Use Rate per 1000	ALOS Acute per Admit	Acute Care PSA Days of Care	Average Daily Census	Estimated Occupancy Rate Acute	PSA Gross Acute Bed Need	Estimated Acute Mkt. Share	PSA Net Acute Bed Need	In-Migration ^{AA} to PSA Acute Bed Need	PSA Total Net Acute Bed Need
Scenarios:											
High	301,578	89	5.24	108,404	297	80%	495	15%	74	14	88
Low	279,862	85	5.04	91,081	249	88%	367	12%	44	5	49
Reasonable Estimate	298,622	86	5.14	101,304	278	85%	427	14%	60	7	67
Source Data for Use Rate, ALOS, & Market Share: THA											
Excludes Neonatal, OB, & Psych Service Lines and Psych & Rehab Hospitals											
Baseline - Includes service area admits to all general hospitals											
^{AA} Estimate based on patient origin of hospitals in service area											
^{**} Baseline Projection 2031 assumes population change only.											
Population Data : Copyright © by Environics Analytics (EA). Source: Claritas - Pop-Facts Advanced											

27. 1N. Criteria and Standards

Attachment 1N(2)

Inpatient Utilization 2024 - Please update the bed days available and licensed and staffed occupancy accordingly based on leap year in 2024.

Please revise the following for 2022:

Prisma Health Blount Memorial Hospital - Admissions/Discharges, Patient Days/Discharge Days, Licensed Occupancy, and Staffed Occupancy.

Response : Response: The corrected tables are attached as Attachment 1N(2)R.

28. 1N. Criteria and Standards

Attachment 1N(5)

Cardiac Catheterization Historical Utilization for 2022, 2023, 2024 and average of 2022-2024.

The weighting for Therapeutic PV procedure is calculated incorrectly for each year. Please revise based on a weighting of 3.0 and revise all results for the following:

Therapeutic PV Weight,

Weight Total - Ther. PV,

Weighted Total Cath Lab Procedures, and

Weighted Total Procedures per Lab

Please include Thrombolytic Therapy procedures weighted at 3.0 each for all cath labs and all years.

Response : Response: The requested revisions and additions are reflected in Attachment 1N(5)R.

29. 1N. Criteria and Standards

Attachment 1N(9)

Please complete the historical utilization of LINACs in the proposed service area with information from the data request submitted to Alecia Craighead. The files will be attached to an email to the applicant upon submission of Supplemental #1.

Response : Response: The revised tables are attached as Attachment 1N(9)R.

30. 1N. Criteria and Standards

Attachment 1N, Acute Care Beds, Criterion 3, Establishment of Service Area

Page 6 - There appears to be a small difference in the milage for Parkwest Medical Center (7.9 miles) and Fort Loudon Medical Center (16.6 miles) based on HFC staff check of the mileage. Please recheck these distances and revise as appropriate.

Response : Response: The corrected table is shown below, and is included in Attachment 1NR:

DRIVING MILEAGE FROM HOSPITALS IN PSA COUNTIES TO UTM CN SITE*			
Hospital	County	In PSA?	Miles to Site
Parkwest Medical Center	Knox	Yes	7.9
Tennova Healthcare Turkey Creek	Knox	Yes	6.7
Ft. Loudon Medical Center	Loudon	Yes	16.6
Prisma Healthcare Blount Co.	Blount	No	14.2
Ft. Sanders Regional	Knox	No	11.5
Tennova Healthcare North Knoxville	Knox	No	22.7
University of Tennessee Medical Center	Knox	No	15.7
Source: Google Maps, 08.19.26			
*Since the UTM CN site is unaddressed, distances are measured to an address in the immediate vicinity, 1911 Mobley Way, Knoxville.			

	Current Licensed	Beds Staffed	Beds Proposed	Beds Approved	Beds Exempted	TOTAL Beds at Completion
1) Medical	N/A	N/A	60	0	0	60
2) Surgical	N/A	N/A	Incl. In Medical	0	0	Incl. In Medical
3) ICU/CCU	N/A	N/A	0	0	0	0
4) Obstetrical	N/A	N/A	0	0	0	0
5) NICU	N/A	N/A	0	0	0	0
6) Pediatric	N/A	N/A	0	0	0	0
7) Adult Psychiatric	N/A	N/A	0	0	0	0
8) Geriatric Psychiatric	N/A	N/A	0	0	0	0
9) Child/Adolescent Psychiatric	N/A	N/A	0	0	0	0
10) Rehabilitation	N/A	N/A	0	0	0	0
11) Adult Chemical Dependency	N/A	N/A	0	0	0	0
12) Child/Adolescent Chemical Dependency	N/A	N/A	0	0	0	0
13) Long-Term Care Hospital	N/A	N/A	0	0	0	0
14) Swing Beds	N/A	N/A	0	0	0	0
15) Nursing Home – SNF (Medicare Only)	N/A	N/A	0	0	0	0
16) Nursing Home – NF (Medicaid Only)	N/A	N/A	0	0	0	0
17) Nursing Home – SNF/NF (dually certified Medicare/Medicaid)	N/A	N/A	0	0	0	0
18) Nursing Home – Licensed (non-certified)	N/A	N/A	0	0	0	0
19) ICF/IID	N/A	N/A	0	0	0	0
20) Residential Hospice	N/A	N/A	0	0	0	0
Total	N/A	N/A	60	0	0	60

**Certificate of Need
Quality Ratings Comparison**

CMS Hospital Star Rating

Source: ([CMS Care Compare Link](#))

Performance Date Ranges as defined by CMS;

Publish as of : Sep 8, 2026

	National Benchmark	Leconte Medical Center	University Health System	Fort Loudon	Methodist Oak Ridge	Fort Sanders Regional	Parkwest Medical Center	Tennova Physician Regional	Blount Memorial (Prisma)	Jefferson Memorial
CMS Star Rating (5 = Best)	★★★☆☆	★★★★★	★★★★★☆☆	★★★★★☆☆	★★★★★☆☆	★★★★★☆☆	★★★★★☆☆	★★★★★☆☆	★★★★★☆☆	★★★★★☆☆
Key Performance Measure Comparison										
ED Visits		46,581	79,199	20,995	35,383	51,323	46,285	20,101	46,053	20,704
ED LWBS % (Better ↓)	2%	2%	0%	2%	4%	4%	4%	3%	2%	1%
HCAHPS Overall Rating (9 or 10) (Better ↑)		75%	73%	67%	72%	67%	69%	68%	61%	67%
Definitely Recommend (Better ↑)		70%	77%	71%	71%	70%	73%	66%	61%	64%
Death Rate Hosp-wide (↓ Better) (# pts served)	3.9%	3.9% (1095)	3.7% (6822)	3.5% (720)	4.0% (2381)	4.2% (3722)	3.9% (4891)	4.4% (5191)	5.8% (2897)	4.7% (829)
Unplanned Hosp visit after OP surgery (↓ Better)	Not avail	1.00	0.90	1.10	1.10	0.90	0.90	1.10	0.90	1.10

Certificate of Need Quality Ratings Comparison

US NEW AND WORLD REPORTS BEST HOSPITAL RANKINGS

Source: ([US News Link to UPMC](#)) Publish as of : Sep 8, 2026

	Leconte Medical Center	University Health System	Fort Loudoun	Methodist Oak Ridge	Fort Sanders Regional	Parkwest Medical Center	Tennova Physician Regional	Blount Memorial (Prisma)	Jefferson Memorial
Rank in State (Best 1st)	Not Eligible for Ranking	3 rd (Best Regional)	Not Eligible for Ranking	----	8 th	7 th	----	Not Eligible for Ranking	Not Eligible for Ranking
High Ranking in Procedures & Conditions (Better ↑)		12		3	9	11	3		

AVERAGE GROSS CHARGES FOR RADIATION THERAPY TREATMENTS				
Hospital	Year	No. Treatments*	Gross Charges	Avg. Gross Charge per Treatment
Prisma Health - Blount Memorial Hospital	2025	6753	\$15,747,836.00	\$2,331.98
Fort Sanders Regional Medical Center	2025	8392	\$21,516,046.00	\$2,563.88
North Knoxville Medical Center	2025	8801	\$52,813,684.00	\$6,000.87
Parkwest Medical Center	2025	9151	\$21,075,499.00	\$2,303.08
Turkey Creek Medical Center	2025	9151	\$56,526,153.00	\$6,177.05
University of Tennessee Medical Center	2025	19642	\$73,162,887.00	\$3,724.82
UT Medical Center at Northshore (Applicant)	2030	4000	\$13,974,516.00	\$3,493.63
Source: Medical Equipment Registry - 8/17/2026				
* HFC Equipment Registry shows Parkwest, Turkey Creek, and UTMC each with 9,151 total treatments in 2025. UTMC's correct volume from its internal data is shown in this table				

Project Name : UT Medical Center at Northshore, LLC

Supplemental Round Name : 2

Certificate No. : CN2608-018

Due Date : 9/14/2026

Submitted Date : 9/11/2026

1. 2N. Service Area

The image for Supplemental #1 response to question #6 did not upload properly for acute care data. Please submit as an attachment.

Please provide a source for the cardiac catheterization data included with Attachment Supp 6.

Response : Response: The referenced chart is included as the third page in the attached Attachment 2NR.

Response: The source for the 2025 number of cardiac cath lab procedures at UTMC by patient zip code is internal UTMC data. That data set is not routinely compiled and maintained but was specially pulled in order to respond to the question. A revised table with the source cited is attached as Attachment Supp 6R.

2. 6N. Utilization and/or Occupancy Statistics

Please explain whether observation patients actually average (2) days per patient.

Please project licensed and staffed occupancy without observation days included.

Please describe the assumptions related to inpatient admission and population growth referenced in the response.

The assumption that approximately have of service area residents currently travelling to UTMC for admission being shifted to the new facility is noted. What approximate percentage of the 6,600 discharges reside closer to the proposed facility than UTMC?

Response : Response: Yes. The observation patients reflected in Attachment 6NR are unduplicated patients. So on average, a single patient has two or more separate encounters of 24-hour or less observation.

Response: The projected occupancies without observation patients and days are shown on the second page of Attachment 6NR.

Response : The initial response to 6N was misstated. UTMC's discharge projection does not assume that 50% of inpatient volume from the main campus will shift to the proposed Northshore facility. Rather, the projected 3,400 inpatient discharges in 2030 were developed using a conservative methodology that incorporates current utilization patterns, projected population growth, patient migration trends, and the anticipated distribution of services between the proposed Northshore campus and UTMC's main campus.

Tennessee state discharge (THA) data indicate that UTMC currently serves approximately 6,600 inpatient discharges annually from residents of the proposed service area ZIP codes. The 2030 projection does not reflect a transfer of half of this existing volume. Instead, it recognizes that a significant portion of

complex, high-acuity, and tertiary-level care will continue to be provided at the main campus, while the proposed Northshore facility is expected to accommodate a portion of future demand growth and local inpatient utilization within the service area.

Historical utilization data further demonstrate substantial in-migration into the service area, with approximately 40% of current inpatient volume generated by patients residing outside the immediate service area. However, UTMC employed a conservative planning assumption that only a portion of future population growth and in-migration would translate into additional inpatient utilization at the proposed facility.

Accordingly, the projected 3,400 inpatient discharges represent a reasonable and conservative estimate based on anticipated population growth within the service area (approximately 5.2% through 2030), future new in-migration, and only a

portion of the area's existing utilization/in-migration patterns. UPMC believes this projection appropriately reflects the proposed Northshore facility's role as a community-based hospital within the broader health system while recognizing the continued importance of the main campus as the region's primary tertiary and specialty care center.

Based on the ZIP code-level data available to the applicant, a reliable estimate cannot be made regarding the percentage of the approximately 6,600 discharges that reside closer to the proposed facility than the main UT Medical Center campus. Such an analysis would require patient-specific address information and routing methodologies that are not available in the Tennessee state data utilized for this application. The applicant believes the more relevant consideration is that the proposed Northshore hospital will increase local access to care for residents throughout the service area regardless of whether individual patients currently

reside marginally closer to one UTMC location versus another. The utilization projections already account for anticipated redistribution of existing UTMC patients through conservative cannibalization assumptions and therefore do not depend upon a specific proximity threshold.

3. 1N. Criteria and Standards

Attachment 1N(2)

Please revise the data for 2022 for Prisma Health Blount Memorial Hospital - Admissions/Discharges, Patient Days/Discharge Days, Licensed Occupancy, and Staffed Occupancy.

Response : **Response: The requested revisions are reflected in the attached Attachment 1N(2)R (as part of Attachment 1NR).**

4. 10A. Floor Plan

Will the new hospital include space for future expansion for the helipad and emergency department?

Response : **Response: The proposed UT Medical Center at Northshore hospital includes an emergency department as part of the initial project. The current facility plan does not include space for future expansion of the emergency department and does not include a helipad or space reserved for a future helipad. Emergency patient transport will be supported through UT Medical Center's existing ground transportation and community EMS providers.**